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# *The Health of Middlesex 1959*



*The Annual Report of  
the County Medical Officer of Health*

ADMINISTRATIVE COUNTY OF MIDDLESEX



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## PREFACE

*To the Chairman, Aldermen and Members of the County Council of Middlesex*

MADAM, LADIES AND GENTLEMEN,

Although there was a slight rise in both the general death rate and the infant mortality rate, the overall state of the public health in Middlesex continued to present a satisfactory picture during 1959. The number of births notified was 505 more than in 1958, producing an adjusted birth rate of 14·4 per thousand population, the highest figure since 1949. The birth rate has been rising steadily for the past four years and there is, as yet, little evidence of any change in this trend.

The total deaths amounted to 23,919, an increase of 842 over the number for 1958, giving an adjusted death rate of 11·4 per thousand population. Deaths from influenza and pneumonia in the early months of the year accounted for a great part of this increase and fatal cases of lung cancer also showed another sharp advance. Deaths among men attributable to the latter cause exceeded those in 1958 by no less than 13 per cent. Coronary disease of the heart however still remained the greatest single cause of death although the total deaths from this cause showed only a slight increase over 1958.

It is disappointing that the infant mortality rate again showed a slight rise being 19·3 per thousand live births compared with a figure of 18·9 for 1958. The rate however still remains appreciably lower than that of 22·0 for the country as a whole. To some extent moreover the rise in infant mortality is offset by a corresponding fall in the still birth rate which dropped to 15·9 per thousand total live and still births as compared with a rate of 16·3 in the preceding year. With regard to maternal mortality the incidence remained at the same very low rate as last year. The total number of deaths was again 13, a figure too low to be reflected in a decreased death rate as a result of the rise in total births.

Progress continued to be made in the fight against infectious diseases in nearly all cases. Although 186 more cases of whooping cough occurred bringing the total to 1,004, this figure is still significantly lower than those occurring in previous years and no deaths were attributed to the disease. For the second year running not a single case of diphtheria was reported but even more satisfactory is the fact that there has been an increase in the number of children immunised against diphtheria especially those under the age of five. It is estimated that 61·5 per cent. of this age group are now protected as compared with 58·8 per cent. at the end of 1958. During recent years there has been a tendency for parents to become less appreciative of the need for the protection of their children against diphtheria and this reversal in the trend, if sustained, is much to be welcomed.

It was hardly to be hoped that the extremely low incidence of poliomyelitis which was reported in 1958 would be repeated this year, especially in view of the fine warm summer a condition which past experience has shown to be frequently accompanied by a rise in the incidence of poliomyelitis. The 72 cases notified are in fact nearly double the number reported the previous year: even so this represents a far lower incidence than has been the case for some years past. Seven deaths occurred of which five were in individuals

belonging to the 25 to 44 year age group. The scheme of anti-poliomyelitis vaccination has recently been extended to include persons up to the age of 39, which covers most of those in this group. The other two deaths were of young persons in the 15 to 24 age group for whom vaccination was available throughout the year although the response with the exception of a short burst following the death of the footballer Jeff Hall, has been disappointing. Ample supplies of vaccine are now available and there is no reason why anyone in the age groups most at risk, should go unprotected.

The incidence of tuberculosis continued to yield to the combined attacks of preventive and curative medicine. Primary notifications of pulmonary tuberculosis fell by 162 to a total of 1,128, while 116 persons died of the disease, 32 fewer than in 1958. It will surely be agreed that the contrast between the 116 pulmonary tuberculosis deaths and the lung cancer total mortality of 1,267 is striking. The primary notification of tuberculosis and the deaths reported during 1959 both constitute new low records.

For the first time not a single case of tuberculosis was found among dairy herds supplying milk to the County of Middlesex as a result either of the clinical examination of individual animals or the examination of milk samples for the presence of live tubercle bacilli. This result may reasonably be regarded as evidence of, to all intents and purposes, the complete eradication of milk-borne tubercular infection as a result largely of the vigorous policy of attestation of dairy herds which has been carried out in Middlesex. In this connection due acknowledgement should be made of the sterling work of the Middlesex Agricultural Executive Committee and in particular its Milk Sub-Committee, together with those of its officers who are specially responsible for the supervision of milk production in accordance with the provisions of the Milk and Dairies (General) Regulations.

Only in the case of venereal disease does the situation give cause for some disquiet. The number of Middlesex patients attending venereal disease clinics suffering from gonorrhoea showed a sharp rise and 845 new cases were treated, 178 more than in 1958, representing an increase of approximately 27 per cent. This almost certainly represents only a fraction of the true incidence since an unknown but probably considerable number of patients are treated privately by their own doctors. A disturbing feature of the position is the number of reports which are received from the clinics pointing to a rising proportion of teenagers and those in the early twenties in attendance.

The report of the Chief Dental Officer on the priority dental service which appears on pages 24 to 26 is the last which will appear from the pen of Mr. J. V. Bingay as towards the end of the year he was appointed the first director of the new training school for dental auxiliaries which is being established by the General Dental Council at New Cross. It is to be regretted that his final report could not be of a more optimistic character but at least it can be recognised that it is thanks to Mr. Bingay's able and devoted direction of the service ever since his appointment as Chief Dental Officer in September, 1950, that in spite of the handicaps under which it is labouring owing to dearth of personnel the priority dental service has been maintained at a standard of efficiency comparing favourably with any in the country. I am glad to have this opportunity of placing on record the indebtedness of the County Council



to Mr. Bingay for his admirable direction of its dental services and my personal appreciation of a most loyal and congenial colleague.

The shortage of midwives continued to give anxiety. This is a nation-wide problem and not confined to Middlesex and affects hospital as well as domiciliary midwives. One of the indirect results of this is the increasing numbers of women who have to be discharged from hospital to their homes within a few days of delivery. As these women still need the care of a midwife, an additional burden is thrown upon the domiciliary midwifery service in addition to that caused by the rise in birth rate to which reference has already been made.

A noteworthy development in the work of the County Health Department which took place during the year was the transfer of the control of the County Ambulance Service from the County Fire Service with effect from the 1st April, 1959. The changeover took place with remarkable smoothness, thanks to the loyal and willing co-operation of all members of the ambulance staff and in spite of the difficulties attendant upon having to run the central administration from improvised and rather cramped accommodation at Kingsbury, where the premises have to be shared for the time being with the fire service. On this account also it has not yet been possible to set up a fully independent communication system for the ambulance service. Under these circumstances the fire service, as a temporary measure has continued to exercise control of the accident and emergency branch on behalf of the County Health Department, although the latter has undertaken full responsibility for the sick removal branch of the ambulance service upon which devolves by far the greatest proportion of ambulance work. Every effort is being made to expedite the establishment of an independent communications system and thus enable full integration of the sick removal and accident branches which is essential for the maximum efficiency in the operation of the ambulance service as a whole.

The Mental Health Act which will radically affect the future pattern of the mental health services, received Royal Assent on the 29th July, 1959, and throughout the year detailed consideration was given to planning the re-organisation which its implementation will involve. In the meantime solid progress has been made in the County Council's community care services for the mentally sick and disabled for details of which reference should be made to the body of this report.

An unsatisfactory situation which is causing much concern is a further rise in the number of mental defectives awaiting vacancies for institutional care. At the end of the year the number on the waiting list was 141, including 88 urgent cases, compared with a total of 73 at the close of 1958. The closest possible liaison is maintained with the regional hospital boards but there seems little hope that they will be able to provide any early expansion in the number of manned beds which is a pre-requisite for any substantial reduction in the length of the waiting list.

The County Council now employs a staff of approximately 43,000 in all and it will be realised that many health problems of one sort or another arise in connection with them. This entails a very considerable volume of work for the County Health Department about which little is generally known. Accordingly, some account of it is set out on pages 54 to 57 of this report.

This branch of the work of the department is growing steadily from year to year as it becomes increasingly recognised and relied upon by other departments of the County Council.

Once more in closing this preface it is my welcome duty to acknowledge my indebtedness to the loyal co-operation of all members of the County Health staff, particularly my chief clerk, Mr. Mihill, and my deputy, Dr. Wigley, who, in addition to carrying the prime responsibility for the administration of the mental health service has this year had added to his responsibilities the general day to day administrative supervision of the ambulance service. In addition the understanding and support of the Chairman and members of the Health Committee has, as always, been an unfailing source of encouragement.

I have the honour to be,

Your obedient servant,

A. C. T. PERKINS,

*County Medical Officer of Health.*

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## SUMMARY OF VITAL STATISTICS RELATING TO THE ADMINISTRATIVE COUNTY OF MIDDLESEX

Area (including inland water) .. .. .	148,688 acres.
Population 1959 .. .. .	2,247,000
Number of structurally separate dwellings occupied (1951 census) .. .. .	595,075
Number of private households (1951 census) .. .. .	703,525
Rateable value (all hereditaments) .. .. .	£44,555,787
Product of a penny rate, financial year .. .. .	£181,780
Live births	
Number .. .. .	33,123
Rate per 1,000 population .. .. .	14.7 (England & Wales 16.5)
Illegitimate live births per cent. of total live births ..	5.6
Stillbirths	
Number .. .. .	535
Rate per 1,000 total live births and still births ..	15.9 (England & Wales 20.7)
Total live and still births .. .. .	33,658
Infant deaths (deaths under 1 year) .. .. .	640
Infant mortality rates	
Total infant deaths per 1,000 total live births ..	19.3 (England & Wales 22.0)
Legitimate infant deaths per 1,000 legitimate live births .. .. .	18.6
Illegitimate infant deaths per 1,000 illegitimate live births .. .. .	32.8
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births) .. .. .	15.5 (England & Wales 15.8)
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births) .. .. .	13.9
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	29.5
Maternal mortality (including abortion)	
Number of deaths .. .. .	13
Rate per 1,000 total live and still births .. .. .	0.39 (England & Wales 0.38)
Deaths .. .. .	23,919
Death-rate per 1,000 home population (crude) .. .. .	10.6 (England & Wales 11.6)
do. do. (adjusted) .. .. .	11.4
Deaths from cancer (all forms) .. .. .	4,939
Death rate from cancer (all forms) per 1,000,000 population .. .. .	2,198 (England & Wales 2,140)

# ADMINISTRATIVE COUNTY OF MIDDLESEX

## ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER FOR THE YEAR 1959

### VITAL STATISTICS

#### AREA AND POPULATION

The County of Middlesex covers approximately 232 square miles and is bordered by London, Essex, Hertfordshire, Buckingham and Surrey. It is comprised of 26 local authority districts which can now without exception be regarded as urban in character. The estimated district populations range from 22,750 in Potters Bar to 213,700 in Harrow.

Although the mid-year population of the whole County has been estimated at 2,247,000 (which is identical to the estimate for 1958), the Registrar General has made small adjustments to the figures of all districts with the exception of Hendon.

#### BIRTHS

During the year 33,123 live births occurred, a figure higher than in any year since 1949 and an increase of 505 over 1958. Although this has slightly increased the birth rate to 14·7 per 1,000 population (14·4 adjusted) it is still rather more than two per thousand less than that for the country as a whole.

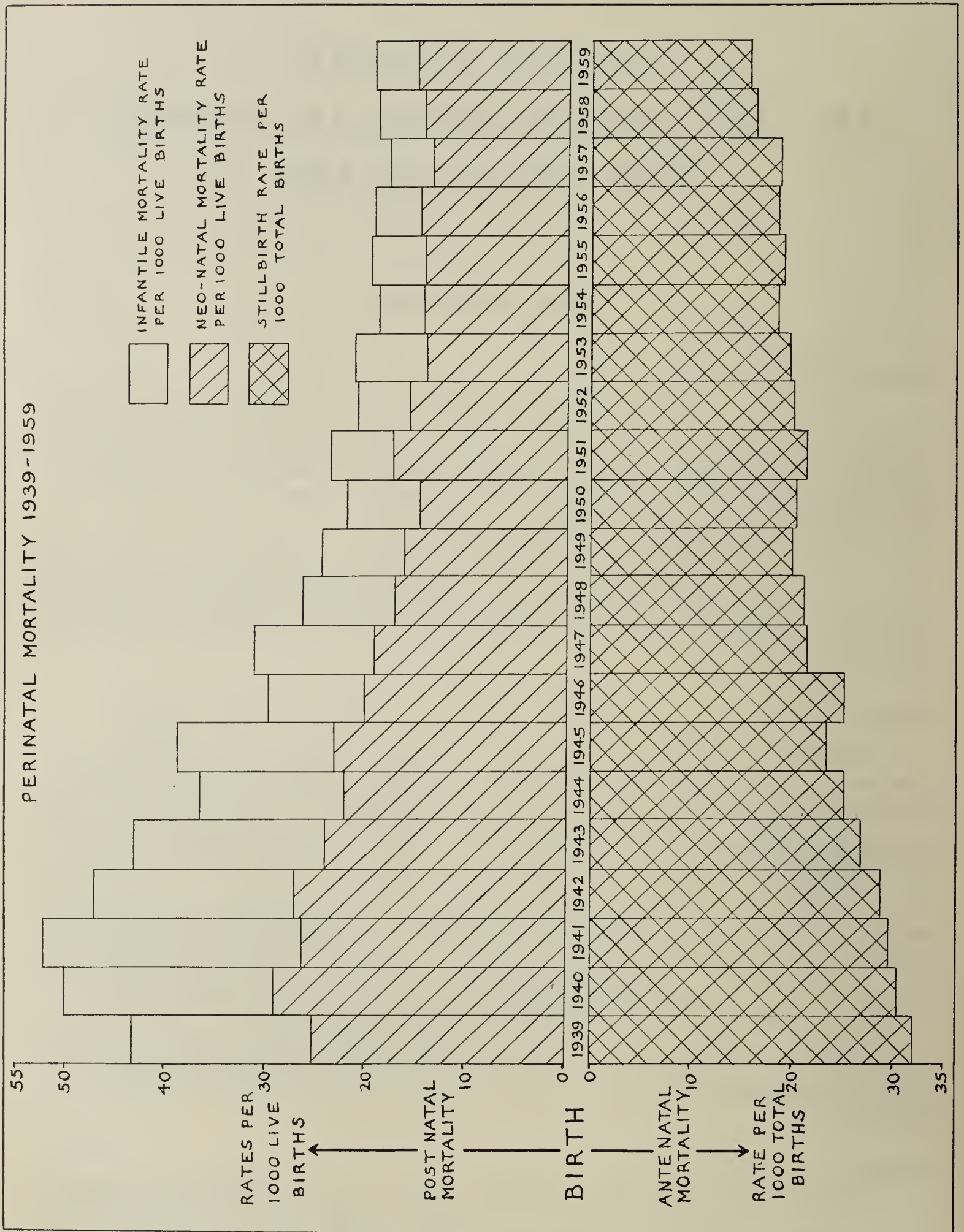
Differences in district birth rates are considerable; the rates for Hornsey, Staines, Sunbury, Willesden and Yiewsley and West Drayton being all half as high again as for districts such as Heston and Isleworth and Southgate. Although the birth comparability factor goes some way to smooth out differences of age and sex in the population structure one is left to speculate on the causes of the large dissimilarities between birth rates which remain.

Birth rates by administrative areas and county districts are set out in Tables 3 and 4 on pages 67 to 70 and other comparisons are given in Table 5 on page 71.

#### DEATHS

A total of 23,919 deaths occurred during 1959 compared with 23,077 for the previous year which has slightly increased the death rate to 10·6 per thousand population (11·4 adjusted).

Although this year there has been no marked increase; coronary heart disease is still the greatest single cause of death, particularly of middle-aged men. Total deaths from cancer increased by 241 but there were slight reductions





where the stomach and uterus were affected. Fatal cases of lung cancer among males increased by as much as 13 per cent. to 1,092.

There was a sharp increase in the number of deaths among the elderly due to influenza and pneumonia.

#### INFANT MORTALITY

The infant mortality rate of 19·4 per 1,000 live births shows a slight increase over that of 1958 (18·9) but it still remains significantly lower than the rate of 22·0 for the whole country.

#### MATERNAL MORTALITY

For the third successive year only 13 deaths were attributed to maternal causes in spite of the increased number of births during each of the two following years.

#### SICKNESS INCIDENCE

During the year 393,608 first applications for sickness benefit were received by the Ministry of National Insurance, which apart from 1957 represents the greatest incidence of certified sickness among the working population of Middlesex since these figures were first recorded in 1951.

Practically all the additional sickness occurred during the first three months of the year when there was a fairly persistent widespread outbreak of influenza which is also reflected in the national sickness rate.

Table 9 on page 73 shows the incidence of sickness in Middlesex for the past nine years compared with that for the whole country.

### INFECTIOUS DISEASES

#### [Including prophylaxis]

The numbers of corrected notifications of infectious diseases received during the year by district medical officers of health are shown in Table 10 on page 74.

#### SCARLET FEVER

There was another substantial rise in the number of notifications received during the year which totalled 2,663 but there are indications that this was part of a general increase which occurred over the whole country.

#### WHOOPING COUGH

Although the 1,004 cases shows an increase of 186 over last year the number is still significantly lower than those occurring in the past.

During 1959 a further 24,479 children were immunised and 2,850 were given reinforcing injections against pertussis. It would appear that this policy is now beginning to show results.

No deaths were attributed to whooping cough.

Table 17 on page 79 gives the number of children who were immunised according to their place of residence.

## MEASLES

21,561 cases were notified, two of which proved fatal.

## DIPHTHERIA

1959 was the second consecutive year during which no cases of diphtheria were reported.

Despite the enormous amount of time given to poliomyelitis vaccination there has been an increase in the number of children immunised against diphtheria, especially those under the age of five and the estimated proportion of this age group who are now protected is 61·5 per cent. compared with 58·8 at the end of 1958. This is probably a very conservative estimate as experience has shown that quite a number of immunisations are not recorded.

Tables 15 and 16 on pages 77 and 78 relate to immunisation.

## POLIOMYELITIS

Although almost double the number of cases of acute poliomyelitis occurred during 1959 compared with last year, the 72 cases notified represented a low incidence when compared with previous years since 1947 and particularly 1955 when 585 confirmed cases were reported.

Of the 72 cases, 44 were paralytic and 5 of the 15 adult cases proved fatal. Two deaths occurred in cases who were within the ages of 15 and 24 years.

By the end of December a further 278,486 persons had completed a course of three injections, 153,714 had received two injections and 4,002 persons had received their first dose.

Since vaccination began in 1956 approximately 543,327 Middlesex residents have been given two injections and of those 374,582 completed a course of three injections.

See also statistical tables 11 and 12 on page 75.

## OTHER INFECTIOUS DISEASES

Apart from ophthalmia neonatorum where the number of cases (18) was the lowest to be recorded for a great many years there were no significant changes in the number notified.

No cases of smallpox occurred and Table 13 on page 76 shows an increase in the number of vaccinations.

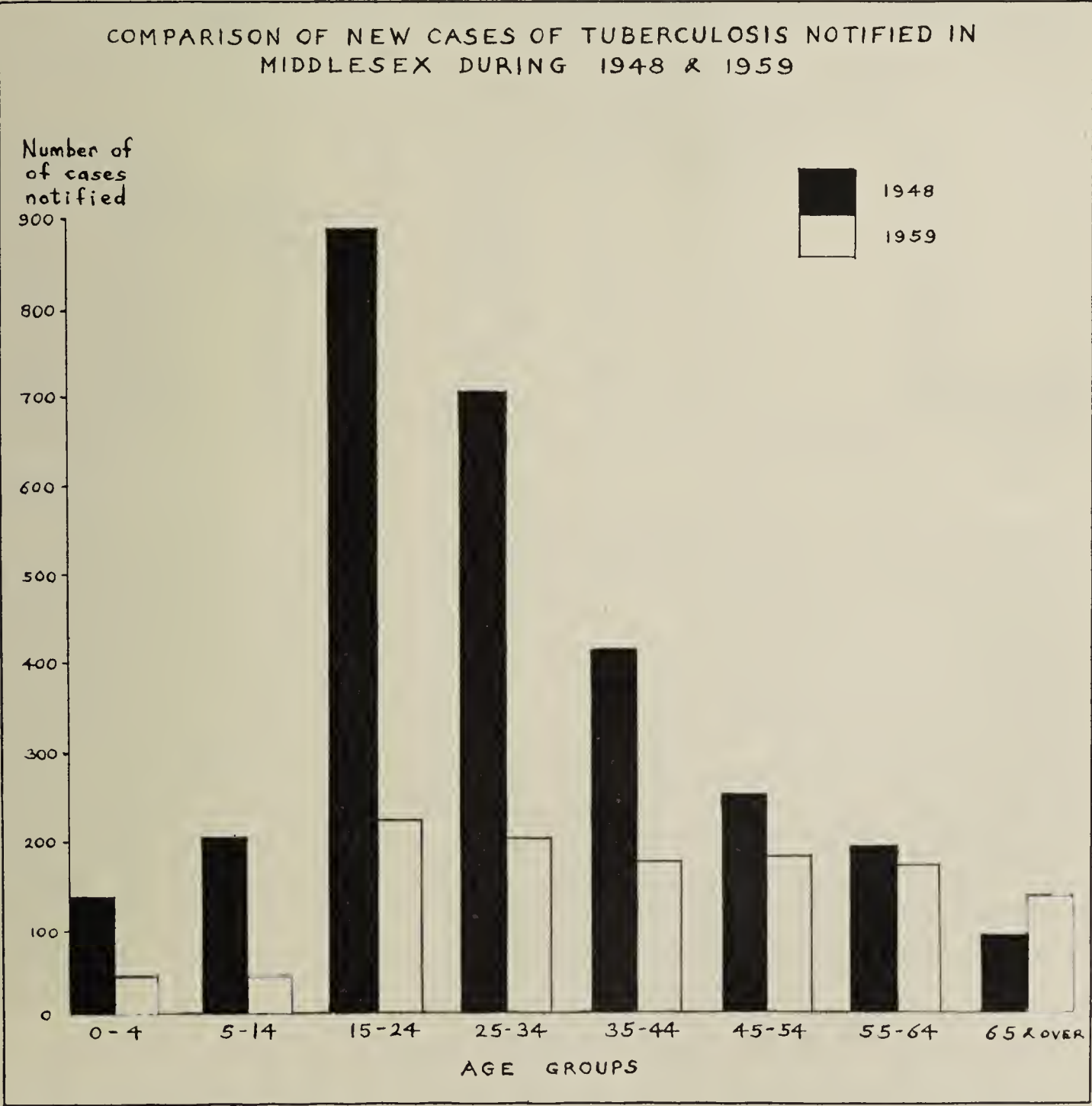
## TUBERCULOSIS

Statistical data relating to tuberculosis and also to the work of the chest clinics in the County are shown on pages 80 and 81.

The arrangements for the prevention of tuberculosis and for the care and after care of those suffering from the disease are dealt with in the section entitled "National Health Service Act" on page 36.

*Notifications.*—There were 1,128 primary notifications of pulmonary tuberculosis, a reduction of 162 from last year. A disturbing feature in the present trend of the disease is the relatively high percentage of primary notifications in males over the age of 45 years. The following table shows the distribution in incidence between the two main age groups:—

Year.	Notifications of persons age 15-44.				Notifications of persons age 45-64.			
	Males.	Females.	Total.	Percentage of all notifications.	Males.	Females.	Total.	Percentage of all notifications.
1949	985	900	1,885	69	370	106	476	17
1950	822	860	1,682	68	361	129	490	20
1951	830	760	1,590	66	376	100	476	20
1952	712	745	1,457	66	355	110	465	21
1953	700	764	1,464	65	390	109	499	22
1954	614	605	1,219	64	321	108	429	22
1955	550	530	1,080	63	305	92	397	23
1956	484	439	923	59	325	86	411	26
1957	428	402	830	58	310	89	399	28
1958	354	345	699	54	292	90	382	30
1959	306	278	584	52	257	87	344	30

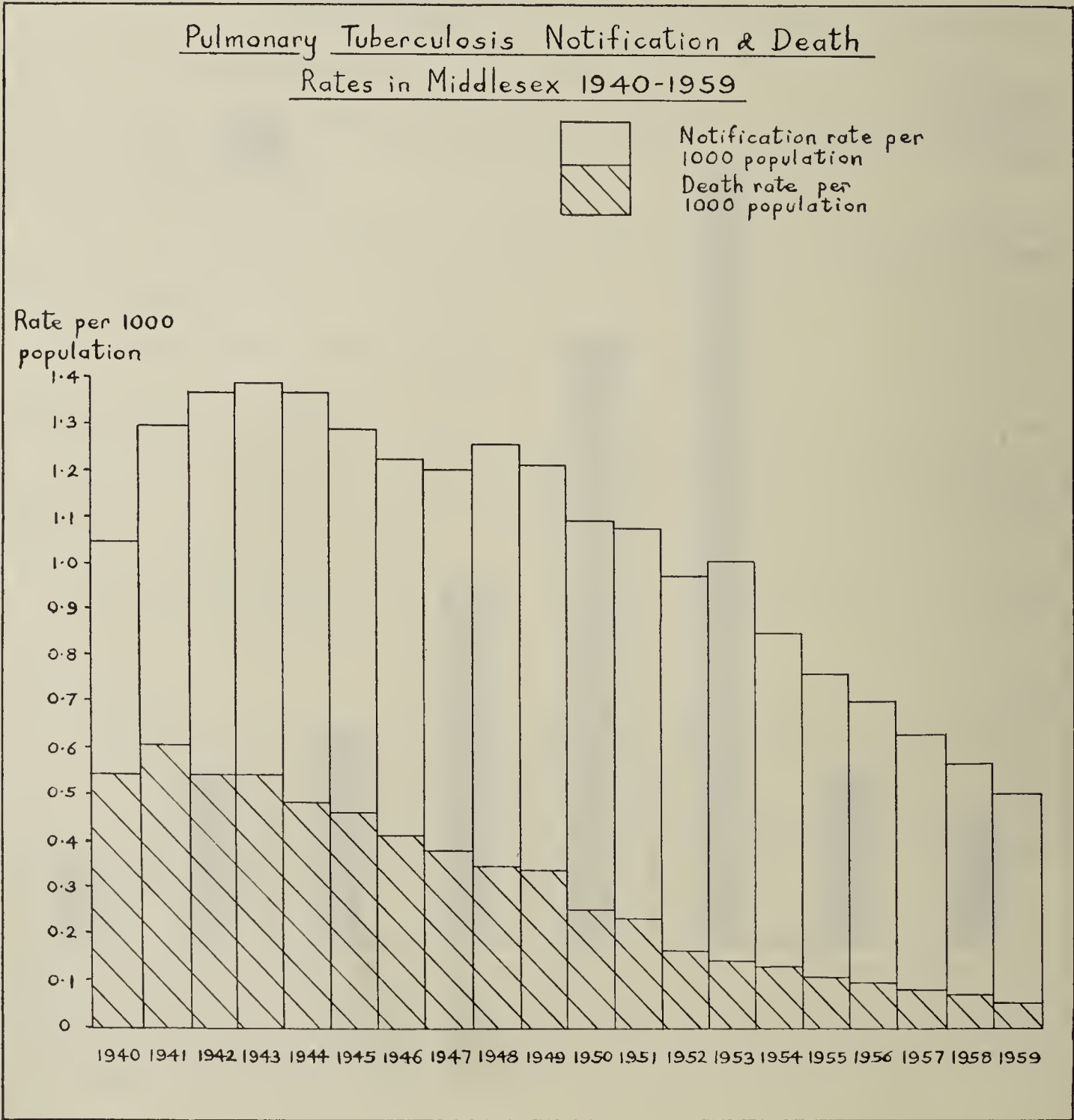




*Deaths.*—The number of deaths from tuberculosis during the year was 127 and of this number 116 were on account of pulmonary tuberculosis. The following table shows the trends of mortality and morbidity from pulmonary tuberculosis over the past ten years:—

Year.	Primary notifications.				Deaths.			
	Males.	Females.	Total.	Rate per 1,000 population.	Males.	Females.	Total.	Rate per 1,000 population.
1950	1,378	1,099	2,477	1·08	370	197	567	0·25
1951	1,416	1,000	2,416	1·07	331	197	528	0·23
1952	1,251	957	2,208	0·97	252	134	386	0·17
1953	1,284	980	2,264	1·00	222	105	327	0·14
1954	1,109	816	1,925	0·85	209	83	292	0·13
1955	1,000	706	1,706	0·76	178	66	244	0·11
1956	957	611	1,568	0·70	154	60	214	0·10
1957	868	557	1,425	0·63	130	52	182	0·08
1958	774	516	1,290	0·57	111	37	148	0·07
1959	691	437	1,128	0·50	88	28	116	0·05

Posthumous notifications of pulmonary tuberculosis were nine and deaths from the disease in persons not previously notified amounted to 20.



The number of patients examined for the first time at the chest clinics in the County was 60,702 which is an increase of 56 from the number seen last year, and of this number 1,249 were found to be suffering from pulmonary tuberculosis. The number of new contacts of these cases examined was 11,241 and 105 new cases were found among these contacts. The percentage is small, but nevertheless it is an important part of the work in controlling the spread of this disease. At the end of the year 20,459 patients remained on the tuberculosis registers maintained by the chest clinics. The following tables show the percentage incidence among patients examined, including contacts and the total number of patients on the registers at the end of each year over the past ten years.

Year.	Total persons (including new contacts) examined for the first time.			New contacts examined.			Persons on chest clinic registers at the end of the year.
	Number.	Number found tuber- culous.	Percent. found tuber- culous.	Number.	Number found tuber- culous.	Percent. found tuber- culous.	Total.
1950	34,159	2,355	6·9	8,894	213	2·4	17,331
1951	40,622	2,276	5·6	9,915	291	2·9	18,241
1952	38,695	2,390	6·2	9,597	207	2·2	19,349
1953	43,747	2,504	5·7	11,194	231	2·1	20,402
1954	45,032	1,981	4·4	9,773	154	1·6	20,940
1955	53,624	1,777	3·3	10,849	150	1·4	21,367
1956	56,591	1,602	2·8	10,003	136	1·4	21,297
1957	62,985	1,362	2·2	11,646	124	1·1	21,253
1958	60,646	1,400	2·3	10,352	138	1·3	20,794
1959	60,702	1,249	2·1	11,241	105	0·9	20,459

VENEREAL DISEASE

The estimation of the real incidence of venereal disease in the community has been under discussion in the medical liaison committees of several hospital groups during the year. General practitioners' representatives on these committees have reported that very few cases are seen, but no accurate information as to the number has been obtained. It is known from the figures of patients attending special clinics that there were 124 cases of syphilis seen for the first time, a decrease of 33 from 1958 and 845 cases of gonorrhoea an increase of 178 over 1958. There would almost undoubtedly be a greater number than this, if there were information about patients treated with antibiotics by their own doctors. The advisability of having pathological examinations carried out in a laboratory to check whether the condition is completely cured after treatment is apparent, but with lack of facilities in some areas this may be difficult to carry out.

Details of Middlesex patients treated at hospitals during the past ten years will be found on page 84.

The work of the almoners among patients attending the venereal disease clinics in the County is dealt with on page 39.



## HEALTH CONTROL—LONDON AIRPORT

The Health Control Unit continues to function mainly in three areas of the Airport, viz., the North Terminal, the Central Terminal and the medical section of the Control Tower. It is, however, now definite, regrettably, that the unit at Control Tower will be transferred to the Queen's Building, by the end of 1960.

Towards the end of 1958, regular transatlantic passenger services were introduced by Boeing 707 and Comet 4 aircraft operated respectively by Pan American Airways and B.O.A.C. In 1959, these jet services were expanded and by the end of the year these machines were being used for passenger traffic at London Airport by some eight different airlines.

Complaints regarding the smoke and noise accompanying the take-offs of jet aircraft were numerous and they increased in number as the year went by and more and more jets came into operation. For the most part, these complaints stemmed from local residents and were often the subject of top-level discussion.

At present it is probably too early to assess whether or not the noise of jet engines is having a deleterious effect upon the hearing of those constantly employed on the tarmac in close proximity to these aircraft, but this problem continues to receive every attention and routine medical examinations have been instituted for this category of staff.

The number of aircraft arriving during the year was 38,743. This represents an increase of 272 over 1958, and 1,126 over 1957. It must, however, be remembered that the capacity of jet aircraft is considerably greater than the capacity of other types of aircraft. Passengers arriving totalled 1,398,988—an increase of nearly 200,000 over 1958.

At the request of the Ministry of Health and on behalf of the Ministry of Aviation, the Health Control Unit, as one of its duties, is "responsible for organising suitable measures for dealing with casualties caused by crashes, including the carrying out of any emergency medical and first aid treatment required before casualties are moved to hospital". This function of the Health Control Unit was discussed at length at two specially convened meetings during the year. From the discussions it transpired that there was considerable lack of co-ordination and confusion existing in the minds of those likely to be actively concerned in a major accident at the airport. It is expected that early in 1960, the procedure and organisation of a medical scheme for a major accident will finally be agreed upon between the local hospitals, the Airport authorities, and other bodies interested to the satisfaction of the Airport Commandant.

*Port Health.*—There has been no change to record in the procedure adopted at the Health Control points.

Disinsectisation was carried out on 1,857 aircraft during the year; an increase of 358 over the previous year.

Ships' crews, principally Lascars, arriving in this country to take over ships continue to be inspected by the medical officer and the destination medical officers of health receive a notification of their arrival in each case.

*Ambulance Cases.*—Invalids requiring transport arrangements by ambulance or ambulance/car during the year totalled 2,393, as compared with 2,233 in 1958 and 1,777 in 1957. The most noteworthy increase occurred in the number of private ambulances that were used—a jump of nearly 250—no doubt, reflecting the generalised improved economy of the country.

The following statistics relate to cases transported:—

	1959	1958	1957
(a) National Health Service .. .. .	705	758	836
(b) Private (Walton's, Daimler, St. John Ambulance Brigade, British Red Cross, etc.)	1,490	1,250	733
(c) Service (R.A.F., Army) .. .. .	198	225	208
	<hr/> 2,393 <hr/>	<hr/> 2,233 <hr/>	<hr/> 1,777 <hr/>

*Mental Cases.*—There was an increase of 49 among the number of mentally sick encountered at the airport this year. In 1958, the figure was 140; in 1957, 164; in 1956, 158. In almost all cases, previous notification that the mentally sick passenger was arriving had been given. By far the greater number (127 compared with 52) of these passengers arrived at the North Terminal, rather than the Central Terminal, indicating that they emanated from far-away rather than from Europe; the majority were, of course, of British origin, since non-Commonwealth passengers who were mentally unsound would not be permitted to land.

Once again it is a pleasure to record the invaluable assistance which the Duly Authorised Officers have rendered to the Airport medical staff and the ready co-operation which the admitting Hospitals—usually West Middlesex and St. Bernard's—have at all times given.

*Medical Services.*—Staff, visitors, and passengers are treated for minor injuries at the North and Central Terminals and in the medical section of the Control Tower. Among the commoner conditions seen were stings and insect bites, cuts and lacerations, bruises, foreign bodies in the eye, air sickness, gastrointestinal disturbances and petit-mal.

By far the greater number of these patients were seen in the Central Terminal. Here the total was 4,020; of these 2,122 were passengers; 1,592 were Ministry employees. The remainder were either visitors or persons employed by Airlines or Firms working at London Airport.

*Medical Inspection of Aliens.*—As a result of the implementation of the recommendations made at the conference, mentioned in my previous report, the Immigration Officers found it necessary only to refer 72 cases to the medical inspectors in 1959, as compared with 855 in 1958 and 763 in 1957. These aliens were so referred where either there was doubt regarding the nature of their illness or where the arrangements for their disposal had not been finalised or where it was uncertain whether the passenger had sufficient funds to bear the cost of treatment and hospitalisation. On nineteen occasions, aliens were refused permission to land on medical grounds.

The new procedure did not affect those aliens coming into this country with permits from the Ministry of Labour. In the majority of cases, these



were fit young people, who were entering the United Kingdom either for the purpose of study or for domestic employment.

*Medical Examination of Aircrews.*—Two medical officers were employed full-time throughout the year in routine examination of aircrew, air traffic control officers and their assistants and of Ministry of Aviation personnel on first appointment.

	1959	1958	1957
Aircrew examined .. .. .	2,701	2,795	1,920
Air traffic control officers examined .. .. }	621	421	369
Ministry of Aviation personnel .. .. }			

*Smallpox.*—In March, a young Burmese girl—the daughter of a medical practitioner in Rangoon—travelled from Burma to Karachi, where she was off-loaded owing to the presence of a suspicious rash. The diagnosis was subsequently confirmed as smallpox. Appropriate action was taken to notify the contacts amongst the passengers of the risk to which they had been exposed and where necessary, vaccination was advised.

In April, three passengers were placed under the surveillance of their destination Medical Officers of Health, as they had been in contact with a proven case of smallpox on a flight between Prague and East Berlin before proceeding to London.

*Psittacosis.*—In July, psittacosis was reported among a consignment of parrots in quarantine at the Airport, but no human cases occurred.

*Typhoid and Paratyphoid.*—Two cases of typhoid and one case of paratyphoid passed through the Airport during the year.

In July, a young American travelled from Paris to London. On arrival, he reported that he felt ill and as his temperature was 103°, he was referred to the local isolation hospital for observation. Repeated Widal tests were carried out and an eventual diagnosis of paratyphoid was made.

On 18th October, a Pakistani male travelled by air from Karachi to London. He fell ill during the first week in November in Huddersfield and was admitted to the infectious diseases hospital from the Huddersfield Royal Infirmary on 11th November. Various blood investigations were then carried out, and a diagnosis of typhoid was made. It was considered that the patient at this time was in the third or fourth week of the disease.

In November, an air stewardess employed by B.O.A.C. was admitted to St. George's Hospital, London, suffering from a condition which was finally diagnosed as typhoid fever.

In all these cases, the patients made a complete recovery and there were no other related cases, as far as is known.

*Tuberculosis.*—In May, a male British passenger flew from Gibraltar to London and on arrival was brought before a medical officer, who concluded that he was suffering from active pulmonary tuberculosis. The Medical Officer of Health of the patient's destination was advised accordingly, as were the other passengers on this flight.

*Poliomyelitis.*—In June, a case of paralytic poliomyelitis occurred on board S.S. Strathmore; the patient was off-loaded at Lisbon and flown direct to



London in a passenger carrying aircraft despite the fact that symptoms had started only eight days previously. The patient was taken to the Western Fever Hospital, London. The aircraft was disinfected and all passengers were placed under the surveillance of the destination Medical Officer of Health.

In October, a child of two years, suffering from poliomyelitis was flown from Kuwait to London and transferred to the Lawn Road Fever Hospital. In this instance, no advance notice of the diagnosis had been received, and all other passengers had passed through the Controls, before the true facts came to light. As no passenger lists were carried, it was not possible to notify the passengers of the risk to which they had been exposed.

With the increasing availability of stocks of poliomyelitis vaccine and the Government authorisation for extending the scheme of vaccination to the 15–25 years age group, a campaign was undertaken at the Airport to inoculate Airport staff. Accordingly in June, some 764 young persons were given their first injection; the second was given in July and the third injection is due in February, 1960. In spite of widespread propaganda, it has to be recorded that the response was disappointing.

*Fatalities.*—Coronary disease was the immediate cause of four of the six deaths which occurred at London Airport during the year; of these, three were passengers and one was an employee in the restaurant.

The remaining two fatalities were young babies. On 15th January an American baby of eight months was taken ill whilst travelling from America to Frankfurt. The aircraft was diverted to London owing to the deterioration of the baby's condition but on touch-down the baby had already died. The cause of death was asphyxia.

On 14th April, a baby of 15 months was brought from New Zealand to London for treatment for a congenital heart lesion. After several emergency landings due to the child's condition, the aircraft eventually reached London, but the baby died immediately after landing.

## BLIND PERSONS

During the year 534 reports on form B.D.8 were received in respect of new cases for consideration of their admission to the register of blind or partially sighted persons. In addition 202 reports on old cases or persons transferred from other areas were reviewed.

The classification and follow-up of persons on the register of blind or partially sighted persons during 1959 is given in Table 43 on page 104.

The Chief Welfare Officer arranges for Home Teachers for the Blind to visit all registered persons and follow-up on the treatment and advice recommended by ophthalmic surgeons. There is very good co-operation between the officers of the County Council and hospital authorities on the follow-up of patients.

## NATIONAL HEALTH SERVICE ACTS

### Section 22

#### CARE OF MOTHERS AND YOUNG CHILDREN

*Clinics.*—The work of caring for mothers and advising on health matters concerning themselves and their children has gone on steadily throughout the year. One new clinic, the Elms, Potters Bar (purpose-built) was opened during April, 1959, replacing the inadequate facilities offered at the Village Hall, Potters Bar, and ante-natal sessions at a general practitioner's surgery at Elstree replaced those at the Rectory. The ante-natal session held once every six weeks at St. Mary's Church Hall, Harefield, was discontinued also in April, 1959, owing to lack of sufficient attendance.

The mobile clinic has had full use in a number of scattered points in Area 8. It has proved its value beyond doubt after seven years of continuous use. The area medical officer, Dr. O. C. Dobson, has submitted an interesting and valuable report which is given below:—

“ This administrative area of the County of Middlesex known as Area 8 comprises the three urban districts of Hayes and Harlington, Ruislip-Northwood and Yiewsley and West Drayton, and the Borough of Uxbridge. The total population is now 231,180 and shows an increase of 29,550 since the formation of the area in 1948.

The development of housing estates in certain isolated parts of the area created the problem of there being no adequate facilities—halls or other suitable buildings from which to conduct clinic sessions. The provision of a mobile clinic was considered to be the means of providing the service for the growing population. The mobile clinic, a ‘ Coventry Knight ’ made by Coventry Steel Caravans Limited, came into service in March, 1953, and it has been used continuously since then, the only exceptions being during overhauls and during very severe winter weather when road conditions made movement of the vehicle dangerous or impossible. The clinic has been used for all types of sessions, child welfare, ante-natal, immunisation and vaccination, and on occasions it has been used as an examination room to carry out routine school medical inspections where facilities available in the school were considered to be too poor for proper work to be done.

Up to the 31st December, 1959, a total of 2,278 sessions had been held and 62,368 attendances made. The average attendance per session during 1959 was:—

Child Welfare	..	..	..	..	..	32·3
Ante-natal (doctors session)	..	..	..	..	3·0	
Ante-natal (midwives session)	..	..	..	..	8·2	
Immunisation/Vaccination	..	..	..	..	25·8	

*Staffing.*—A full time clinic nurse is responsible for the general internal cleanliness and equipment of the clinic and the driver of the towing vehicle, a Bedford van, carries out the external and internal cleaning. At each clinic session the appropriate local staff—medical officer, health visitor, midwife—is in attendance and continuity with the families and with other services held in the nearest permanent premises is preserved.



*Assembly Point.*—In the early days of the clinic's use an assembly point was thought to be essential. Later experience showed that this was not so and the clinic has been used at a number of places where no assembly point is provided. The greatest value of an assembly point is evident when a breakdown occurs or when road conditions are such that the clinic cannot be used. On these occasions when prior information to the public of cancellation is out of the question, the waiting hall affords shelter for the staff, and provides somewhere to deal with enquiries and to offer advice to would-be attenders at the cancelled session. Where no waiting hall is used, staff are accommodated in the towing vehicle, so that no member of the public returns home without explanation or necessary infant foods. It is sometimes necessary to follow-up certain cases by making a home visit on the same day.

*Attendance.*—This follows similar trends to attendances at ordinary clinic premises. In very severe weather attendances are low. Where definite appointments are given, *e.g.*, ante-natal sessions and immunisation/vaccination sessions, it is found that these are well kept.

*Welfare Foods.*—The distribution of welfare foods from the towing vehicle has proved of great value to mothers living in new housing estates as they are often some considerable distance from the normal distribution points.

*Parking/Garaging.*—An easy access and hard standing is most essential. The vehicle with the towing van is 45 feet long and it is difficult for the driver who is usually alone, to park the vehicle in awkward approaches particularly after dark. It is really necessary for any relief driver to know the district so that in the absence of the regular driver for any cause, the work can go on without interruption.

*Frost Protection.*—As the vehicle is parked out of doors at all times experience has shown that some form of frost protection is necessary. This has been provided by the provision of a Willesden canvas apron which can be fitted around the outside of the vehicle in extremely cold weather and tubular heaters have been fixed underneath the floor in the vicinity of the water storage tanks; a portable electric tubular heater is also placed inside the vehicle and kept on during the night. These measures have greatly lessened the trouble of freezing experienced in the early days.

*Mechanical Maintenance.*—The maintenance of the vehicle has been the responsibility of the Chief Transport Officer and the prompt service provided by him has always been appreciated and resulted in the minimum inconvenience to the running of the service.

*Maintenance.*—The high standard of cleanliness and general good condition of the vehicle after seven years very extensive use is largely due to the enthusiasm of the regular clinic nurse and driver, each having served continuously since 1953.

The clinic has proved most useful in this area and it is now found possible to fit the work of the mobile clinic into the general pattern of the personal health services and secure to a degree which would not otherwise

be found possible, a more even distribution of the services throughout the area.

It may seem to be a novelty to use a mobile clinic in what is almost a metropolitan area but there were certain problems arising from the peculiar population distribution of this area which could be solved in no other way."

Approval was given in 1958 to the provision of a second mobile clinic to serve out-lying districts in health area No. 10. This was ordered and delivery is expected in the early part of 1960.

Ante-natal sessions at clinics numbered 8,611 and the total of ante-natal attendances was 99,116.

Post-natal sessions were held concurrently with ante-natal sessions in most cases but at five clinics there were eight separate sessions held each month. Although the child welfare clinic at the Rectory, Elstree, was closed in April, 1959, it was replaced by sessions at a general practitioner's surgery at Elstree, and thus there was no reduction in the service. The number of attendances 633,924, was greater than in 1958 when 627,362 attendances were made. 31,429 of the children attending were under one year old at their first attendance. It is clear from these figures that the need for the care and advice offered by the local authority's staff in the clinics is as great as ever, even though the emphasis in maintaining health may have changed from concentration on physical health alone to a balance between mental, physical and social factors in the stresses of modern life. Further statistical information will be found in Tables 25, 26 and 27.

At Kenmore Road Clinic, Kenton, in health area No. 5 approval was given to the use of the premises one afternoon a week as a play centre for children under five years of age and as a social club for the mothers, the aim being to provide a means for mothers and children to mix with their contemporaries and make new friends. The mothers are those who bring their children to the infant welfare sessions or who are attending the ante-natal sessions and, although health visitors are not responsible for any of the administrative arrangements, arrangements are made for them to give talks and demonstrations.

*Welfare Foods.*—The scheme, approved by the Ministry of Health in 1958, for extending the arrangement for the supply of certain infant welfare foods at County Council clinics to mothers of children in attendance at ad hoc infant welfare clinics provided by general practitioners for their own patients, has been in operation throughout the year, but the response has been small. The operation of the scheme requires the general practitioners to complete an order form for each child which the parents then take to the most convenient County Council clinic where they are able to obtain all the benefits of the County Council's scheme including reduction or waiving of charges in necessitous cases.

*Day Nurseries.*—There were no closures during 1959. The number of day nurseries remained at 33. The number of approved places at Stonecroft Day Nursery in health area No. 3 was reduced from 68 to 58 from 9th November, 1959, following a visit by officials of the Ministries of Health and Education,



in view of difficulties in ground floor premises. Certain adaptations are to be carried out in accordance with recommendations made by the Ministry officials.

In July, 1959, a decision was taken by the Health Committee to admit certain categories of handicapped children to the day nurseries for part of the day without charge where it was considered by a medical officer to be advantageous to their development. The category principally in mind is the young deaf child. With the growing emphasis on the testing of the very young to detect loss of hearing, more of these children will be discovered in the first few years of life and will need the right kind of early training. The most important pre-school training is for them to be put in a speaking community. It is not thought that the number of children affected will be large. Those under the age of two years will be the responsibility of the Health Committee; those between two and five years that of the Education Committee. The category also includes some partially sighted and specially selected maladjusted children whose need for training and companionship can best be met in a sheltered environment.

A further concession agreed was to allow the admission of a child whose mother is compelled to go to work as an economic necessity, after the needs of priority cases have been met.

*Training of Day Nursery Staff.*—In the report for 1958 mention was made of the fact that there had been no wardens training course since 1951. A refresher course for deputy matrons and wardens was held at the Chiswick Polytechnic, with the co-operation and goodwill of the Principal and staff, in July, 1959. It is hoped to hold a matrons' refresher course and a wardens' training course during 1960.

*Child Minders.*—The scheme operating since 1948 in health area No. 3 whereby a small retaining fee is paid to child minders and their name included on a register still continues. During the year 106 children were cared for by 90 guardians.

There are, in addition, 112 child minders receiving 1,132 children, 42 privately run day nurseries receiving 1,103 children daily and one factory nursery catering for 30 children registered under the Nurseries and Child Minders Regulation Act, 1948. All these premises and daily minders' homes are visited for the purpose of inspection once every three months, more often if necessary, by the County Council's medical officers and health visitors, ensuring that suitable standards of hygiene are maintained.

*Health Education.*—It is increasingly recognised by all the medical and nursing staff working among mothers and children that health education enters into every part of their relationship with those under their care. Group discussion in clinics, mothercraft classes combined with or separate from ante-natal relaxation sessions are accepted parts of a clinic programme. The picture of the healthy family is now in the forefront of the minds of all health staff and this entails including the father in their teaching. He has perhaps been left too much in the background, but now special efforts are made to visit the home when he is there and films and talks to fathers and mothers where they can air and discuss problems are quite frequent events in most of the areas.

Health visitors give talks during the evenings to parent-teacher associations and similar groups. They organise courses of lessons in both boys' and girls' schools on hygiene and health education subjects. In these they find the use of a film strip projector a great help. One area which already has regular parent evenings is about to start a post-natal class and discussion group. It is not only the health visitors whose work involves teaching. A recent pamphlet from the Ministry of Health—"Welfare of Children in Hospital"—focussed attention on the part which a district nurse plays in teaching parents and children during her everyday duties of nursing in the home and preparing a child mentally for admission to hospital.

All the domiciliary midwives are in a very privileged position of contact with their patients. They are conscious of how much they can do to dispel fear and bring them through pregnancy and labour with confidence and happiness. The midwives take a considerable part in organised health education in the clinics and it is continued throughout the visits they pay to the home.

Medical officers also have many opportunities in private talks with their patients and in 1959 a considerable number went, by invitation, into schools, co-operating with teachers in programmes of health education and also addressing and discussing these matters in parent-teacher association meetings, young wives clubs and townswomen guilds.

The work of the Health Education Officer is dealt with on pages 40 to 45.

*Care of the Unsupported Mother and Her Child.*—To meet the special needs of these women and children the County Council continues to provide residential accommodation in its own mother and baby homes or in homes administered by voluntary organisations. The Council has four mother and baby homes with a total of 79 beds (30 ante-natal and 49 post-natal) and 49 cots. The County Council homes are staffed by suitably qualified matrons and deputy matrons, female attendants and domestic staff. The Matron or deputy matron at each home is a State certified midwife.

Unsupported mothers are referred to the Council's Special Services Almoners by the Council's own staff and by moral welfare workers of all denominations. Where necessary, admissions are made to a mother and baby home at the appropriate time until suitable arrangements can be made for them.

During the year 1959, 1,028 cases were referred of which 711 were admitted to mother and baby homes. The age distribution remains approximate to that in 1958 as shown in the following table.

Age in Years.	Percentage of Total Number Referred	
	1958.	1959.
14 .. .. .	·7	·1
15-19 .. .. .	38·0	35·3
20-24 .. .. .	39·4	37·2
25-29 .. .. .	12·7	15·2
30-34 .. .. .	4·9	7·5
35-39 .. .. .	2·8	3·5
40-44 .. .. .	1·3	1·2
45 and over .. .. .	·2	—



The staffing of mother and baby homes continues to present some problems but the position with regard to the appointments of nursing staff has shown a slight improvement. During 1959 provision has been made for the employment of part-time night attendants at each of the Council's homes. It has been found difficult to recruit the right type of staff, but this arrangement has relieved the matrons and deputy matrons of being called repeatedly at night and has assured constant night supervision of the babies and their early morning feeds.

The social side of the work of caring for the mothers and babies has been ably carried out by the Head Almoner (Special Services) with the assistance of the equivalent of two whole-time almoners.

*Other Provisions for Mothers and Young Children.*—Arrangements for residential accommodation for mothers and young children are also made under both Section 22 and Section 28. That under Section 22 is for the admission of suitable cases of babies, or mothers and babies, for the re-establishment of breast feeding or other feeding difficulties. Under Section 28 recuperative holidays are arranged.

During 1959 arrangements were made for only one mother and her baby with feeding difficulties to be admitted to a mothercraft training home under Section 22 and 36 mothers with 56 children under 5 years of age were admitted to recuperative holiday homes under Section 28.

*Research Study.*—Several research projects have been carried on during the year.

In health area No. 4 an investigation is being carried out into the presence of antibiotic resistant staphylococci in the nose and throat of new-born infants, their mothers and families. This study is still in progress.

A method of estimating maternal haemoglobin by a copper sulphate method was reported on by Dr. Leff, area medical officer, Area No. 6, in May, 1959. The method proved to be a quick, reliable and inexpensive method of segregating patients who have a low haemoglobin and the method can be adapted to provide a fairly accurate quantitative estimation. The technique is based on the reaction of a drop of blood in a copper sulphate solution of known density and is not liable to colour matching errors or inaccurate titrations.

A trial of baby powder containing benzalkonium in place of boric acid was conducted in the welfare clinics in health area No. 9 to determine whether this new substance was a better deterrent to napkin rash. No significant advantage was found in the substitution, both powders appearing equally satisfactory on babies' skins.

Dr. R. A. Strang in area No. 5 has conducted research into the incidence of congenital dislocation of the hip over a period of ten years with the intention of discovering congenital dislocation of the hip in the early months of a child's life. Nine cases were found out of a total of about 4,500 infants. The average age at diagnosis was  $5\frac{1}{2}$  months, but only three of these were diagnosed at the first routine examination. During this same period, four children whose average age was 14 months and who had been brought to the clinics by the parents were also found to have congenital dislocation of the hip. Of the

total of thirteen cases, eleven had been born in hospital, one in a nursing home and one at home. All thirteen cases were referred to the Orthopaedic Department of one of the children's hospitals for treatment.

#### DENTAL CARE

The following report on the operation of the priority dental service has been prepared by the Chief Dental Officer, Mr. J. V. Bingay, *M.B.E.*, *L.D.S.R.C.S.*:—

It is with a certain feeling of sadness that I submit to you my tenth and final annual report on the fortunes of the County Dental Services.

It would have given me great pleasure to have made my final report one of progress and stability. Alas! this cannot be and it is my duty to place before you the fact that during the year under review a serious setback has occurred in that fewer expectant and nursing mothers and children under the age of five years have been examined and treated than in 1958. This unsatisfactory position is entirely due to lack of dental officer staff and I feel it my duty to warn those responsible for the service that unless rapid and courageous action is taken to make the local authority services attractive to young graduates by financial equality with other dental services and a complete readjustment of the present system which lacks the necessary flexibility to allow of promotion within the service both in the clinical and administrative fields, the priority dental services will rapidly become extinct.

A perusal of the annual reports of the Chief Medical Officer for the Ministry of Health will make it evident that the need for a priority dental service is at least as urgent as it was in 1948 and it would indeed be a tragedy if the priority classes were to be deprived of the treatment so necessary for the maintenance of good health.

My consolation is that, as Director of the new training school for dental auxiliaries, I shall be able to maintain very close contact with those officers who are responsible for the administration of the local authority dental services and indeed through my own efforts and those of my staff, it is my sincere belief that it will be possible to train dental auxiliaries of a high standard acceptable to the local authority services and who will, in due course, add much needed strength to a sadly understaffed and overburdened service.

*Staffing.*—The staffing position as at 31st December, 1959, was as follows:—

Dental officers wholetime or substantially wholetime	..	54
Dental officers employed on a contractual basis	.. ..	45
(The wholetime equivalent being: 14 4/11)		
Approved establishment Dental Officers	.. ..	116

*Allocation of Duties.*—The dental officers in addition to the treatment of school children, are responsible for the dental care of expectant and nursing mothers and children under the age of five years. It is estimated that these duties account for approximately 10 per cent. of their total working time.



*Mr. Victor Sainty, L.D.S.*—During 1959, the County learnt of the retirement in February, 1960, of Mr. Sainty, Area Dental Officer, Area 3, and so will lose the services of an officer who for nearly 40 years had given his whole energy and skill to the task of providing dental care for the area which he served with such distinction.

Mr. Sainty will be sadly missed and we, his colleagues, wish him the long and happy retirement which he so richly deserves.

*Recruitment of Dental Attendants.*—One of the major problems which the dental service has had to face in the years past has been that of recruitment of dental attendants of the requisite standard. I am therefore happy to state that new salary scales have been negotiated and accepted by the local authorities, which will go a long way to attract the right type of girl into the service.

I cannot stress too strongly the importance of having available an adequate supply of dental attendants of the highest quality in order that the already inadequate staff of dental officers should receive the maximum of chairside and general assistance. Only in this way can it be ensured that dental officers are employed on the operative procedures for which they are trained and not on unproductive and time-wasting clerical and other duties.

In this connection, I would make a strong plea for the abolishment of the inelegant and irrational phrase “dental attendants”.

This name does less than justice to a fine body of women who are doing a magnificent job and I would express the hope that Middlesex will take the lead in changing the title of these officers to that of “Dental Chairside Assistants” as recommended by the British Dental Association.

Not only would this mean uniformity with the Hospital Services and the National Health Services but I am certain that it would result in improved recruitment, both in numbers and quality of applicants.

I consider that this change is long overdue.

*Dental Laboratories.*—The County dental laboratories situated at Teddington and Hendon have once again had a successful year and the appliances produced both for orthodontic and prosthetic purposes have been of a very high standard.

*Statistical information—*

	1959	1958
Number of expectant and nursing mothers examined	2,389	2,955
Number of expectant and nursing mothers treated..	2,682	2,916
Number of fillings inserted .. .. .	6,102	6,871
Number of teeth extracted .. .. .	3,704	4,730
Number of children under 5 years examined ..	4,840	5,706
Number of children under 5 years treated..	4,349	4,962
Number of conservations .. .. .	11,314	13,307
Number of extractions .. .. .	3,717	4,638
Ratio of conservations to extractions ..	3.04 to 1	2.87 to 1

Further statistical information will be found on page 87.

*Conclusion.*—I would like to take this opportunity to express my gratitude to all my colleagues for their loyalty and help during the years of my employment with Middlesex and in particular to wish my successor, Mr. K. C. B. Webster, happiness and success in the post which I have been proud to hold for the last ten years.

I am sure that the County Council has made a wise choice and Mr. Webster will do his utmost to ensure that the proud position which Middlesex occupied in the past, will be maintained in the future.

## Section 23

### MIDWIFERY

The midwifery service has been the subject of much attention during 1959, with the publication of the report of the Cranbrook Committee, and the subsequent circulars issued by the Minister of Health on its findings. A recommendation of the Cranbrook Committee was that the midwifery service of this country should remain a tripartite one, despite the many attendant problems and complications, which are now exercising the minds of administrators.

So far as the domiciliary service in Middlesex is concerned, there is still a grave shortage of midwives. Recruitment is slow, for young nurses are not attracted to a life of unremitting hard work, lack of sleep, and heavy responsibility with comparatively few compensations, and often inadequate accommodation and means of transport. Some schemes have already been started to improve conditions, one being the assisted purchase of cars. The co-operation of local councils has been sought for help with providing houses in a required district.

In one area, where the number of midwives is nearly up to establishment, a successful fortnightly rota is being worked, ensuring that with midwives working in pairs, each has alternate weeks of undisturbed nights and pre-arranged duties enabling her to make private arrangements for off duty time at least one week ahead. In some areas where the number of midwives is much below that required this type of rota is unworkable, but in all areas care is taken to see that except in unavoidable circumstances all the midwives have one day off in seven and approximately one weekend off each month.

There were 118 midwives employed in the County at the end of the year out of a total of 131 required. The number of domiciliary deliveries by midwives employed by the County Council in 1959 was 7,717, an increase of 104 over those of 1958. They formed about 32 per cent. of the total deliveries in hospitals and at home. In addition, County Council domiciliary midwives attended 1,927 patients discharged from hospital before the fourteenth day after delivery.

*Training of Pupil Midwives.*—45 midwives took pupil midwives for Part II Midwifery Training in 1959 and 137 pupils were trained. Unfortunately it is only a small proportion of these who intend to practise midwifery.

The difficulty of accommodating pupils, either in the teacher's home or in lodgings nearby, is increasing. The ideal arrangement from the pupils angle is to live in the same house as the midwife, but this is often not possible. Landladies are not willing to take pupils who, because of their work, disturb



the household at night, and require meals at irregular times, when they are able to let to lodgers with easier requirements. An increase of the allowance to be made for board and lodging from £3 10s. to £4 10s. per week is under consideration. This may ease the situation a little.

*Disposable Face Masks.*—The use in most areas of disposable face masks has been introduced in preference to those which have to be laundered. They are proving a great saving of time and labour.

*Appointment of Deputy Supervisors.*—During the year approval was obtained to the appointment in any area of a deputy non-medical supervisor of midwives. The need for these appointments arose because of the increase in administrative and clerical work in the day to day arrangements, and to provide relief cover during absences of the supervisor. Seven appointments have been made.

*Research.*—Dr. Margaret MacDonald, Assistant Medical Officer, Area No. 7, investigated and reported on the pattern of domiciliary and institutional confinements in Ealing during 1958. The report showed that the number of women preferring hospital confinement was not greatly in excess of those who were actually allocated beds. A considerable number of those who had home confinements, not from choice, were glad in retrospect that they had been able to have their babies at home. The cost of a home confinement as calculated by Dr. MacDonald supported the Cranbrook Committee's recommendation that the home confinement grant should be reviewed from time to time. The cost of a home confinement is a major factor in influencing a woman's choice and increased financial assistance and available domestic help may be strong inducements towards home confinements in suitable cases. The full report of this investigation is set out in the Appendix on page 124.

## Section 24

### HEALTH VISITING

At the end of 1959 there were 236 full time and 43 part-time health visitors engaged in the joint duties of health visitors and school nurses. During the year they visited 104,997 families, a decrease of 3,190 over the figure for 1958. This figure by no means covers all the visits desirable, but is determined by the available time of the staff. Recruitment to the health visiting service has improved and, while the increase of establishment which will become essential if the widening field of work is to be covered, will not be reached for many years it is hoped that some of the new training courses may assist in attracting the right kind of nurses to this important service.

The joint circular 12/59 and 26/59 which was circulated on 9th October, 1959, by the Ministers of Education and Health gave their views on the recommendations in the report of the Working Party on Health Visiting, published in 1956. In the circulars, authorities are asked to review the service in their areas, in the light of the remarks in the Working Party's report with which the Minister is in general agreement and to take such action as seems to them appropriate for the improvement of their service.

Twelve students from the experimental four-year integrated nursing course at Battersea College of Technology took a period of practical health visiting

training in the County during 1959. A request has been received for a further twelve to do so in the course beginning in the Autumn of 1960. In addition, students taking their health visitor training in the usual course at Battersea College of Technology and some from the Royal College of Nursing received their practical training in Middlesex.

Visits to the County for a three day period were arranged each quarter for 40–50 student nurses from the Middlesex Hospital, and similar facilities were offered to medical students from other large hospitals.

*Training.*—It is recognised that health visitors must be prepared to undertake to an increasing extent health education through groups of school children and adults. Some have a particular flair for this work, but further training in detailed techniques and methods is desirable.

Approval was given in December, 1959, for ten health visitors to attend the Women Public Health Officers Association's course in Teaching Methods in Health Education. This is a part-time course to be taken during 1960. Some sessions of this course are in the afternoons, but the majority are in the evenings.

The in-service training course for health visitors is described on page 41.

Thirty health visitors attended the usual refresher courses arranged by the Royal College of Nursing and the Women Public Health Officers Association.

Attendance at weekly sessions at a mental hospital (Springfield) was arranged for health visitors for instruction in psychiatric disorders in relation to health visiting.

## Section 25

### HOME NURSING

There were 271 whole-time, 42 part-time nurses, 4 home nurse/midwives and 18 supervisory staff at the end of the year.

The demand on the home nursing service, as shown by the number of cases attended and the number of visits made, again shows a decrease compared with the previous year. The figures of cases and visits do not, however, tell the whole story as there are continual changes in the type of work carried out.

A new system of recording the number and types of cases treated was introduced in 1958, so that an analysis could be made of the trend of the needs in the service. Some interesting facts were brought out, such as the fact that diseases of the heart and arteries form the largest single group under nursing care, and amount to more than one of every six cases.

The most frequent treatments given are injections, which represent 44 per cent. of all classified treatments.

Just over half of the patients treated were 65 years old or more, and this group is twice as large as the age group below, between 40–64 years of age.

The total number of visits paid to individual patients varied between one and over six hundred although the number of the latter was only five in the County, the highest percentages being in the one to five and eleven to fifty visit groups.



As the analysis for the year 1958 was not available in time to include it in my annual report for that year it is produced as an appendix in this report on page 105.

Following the study of a report by the Queen's Institute of District Nursing received in 1958, approval was given in principle to the provision of district rooms and the area committees were asked to consider the needs of their area and submit recommendations. The difference in the types of areas make the need for this provision variable. In compact urban areas, it is practicable for the nurses to go to a central point each day to meet the supervisor and discuss details of the work. In areas with more scattered population the journeys involved would make this impracticable. Nevertheless, it is recognised that adequate facilities for sterilising equipment, and opportunities for meeting colleagues and keeping up to date on clinical matters are extremely important.

The Ministry of Health Circular 15/59 invited local health authorities who wished themselves to provide a training scheme for district nurses to submit for approval schemes of training conforming in outline to suggestions in the report of the Advisory Committee set up by the Minister of Health to report on the training of district nurses. It is proposed to issue a nationally recognised certificate to all home nurses who have attended such an approved course of training. In Middlesex a scheme of non-residential training is in process of planning, and it is hoped to bring it into operation toward the end of 1960.

The County Council has welcomed with gratitude financial assistance in the form of a welfare grant for use in cases of cancer from the Marie Curie Memorial Fund. The funds provided may be used at the County Medical Officer's discretion for material comforts, nursing aids, if not supplied under the National Health Service, or financial aid for such benefits as nursing care for a patient at night. The terms of assistance are generous, the only stipulation being that the money must be used for cancer patients. A simple record form is kept in the area where the help is supplied and forwarded at intervals to the Fund's headquarters. The grant to the County Council is replenished when necessary. Four cases were assisted during the year, the total grants amounting to nearly £70.

A controlled trial of 2 per cent. and 5 per cent. strengths of silicone sprays against silicone creams and also the more traditional method of soap and rubbing to keep the skin healthy in bedridden patients has been planned during the year. The trial will be conducted by a selected number of district nurses in each area. It was not found possible to begin the trial until January, 1960, and it is planned to continue it for at least three months. The object is to discover whether the application of a spray is both labour and time saving in district nurses' work and whether the breakdown of the skin is prevented to any significantly greater extent in one or other method.

## Section 26

### VACCINATION AND IMMUNISATION

*Poliomyelitis Vaccination.*—The year opened with considerable publicity being undertaken to urge those in the 15–25 age group to come forward for vaccination. Nevertheless the response was very slow until the death from

poliomyelitis of Jeff. Hall, the Birmingham City footballer, early in April. This tragedy achieved what publicity campaigns had failed to do, and young people came forward in large numbers requesting immunisation to such an extent that for a temporary period the demand exceeded the supply of vaccine available.

The position eased within a few weeks due to the receipt of supplies of Salk vaccine which the Ministry of Health obtained by air from the U.S.A. and Canada.

Immunisation sessions were carried out at the County Council's clinics by general practitioners in their own surgeries and at many factories by factory doctors aided, in some instances, by assistance from the Council's medical staff.

By the autumn supplies of vaccine were again adequate to enable immediate immunisation to be offered to any applicant in the authorised group. The demand fell to a much lower level once the memory of Jeff. Hall's death receded. Continual reminding is necessary of the benefits afforded by immunisation particularly of expectant mothers.

*Tetanus.*—In April, 1959, the County Council gave approval to facilities for immunisation against tetanus being offered to infants and school children.

*Immunisation Programme.*—Following the publication of the report on the symposium on Immunisation in Childhood organised by the Wellcome Foundation in May, 1959, authority was given to the adoption of either of the recommended schedules. This has meant that the use of triple antigen has been adopted in most of the County Council's clinics in preference to separate antigens. The response to comprehensive immunisation in young children varies considerably in different areas, and on the whole gives scope for much improvement.

Further information regarding vaccination and immunisation will be found in the section dealing with infectious diseases on pages 9 to 13.

## Section 27

### AMBULANCE SERVICE

As indicated in my report for 1958, the County Council decided during that year to separate the County ambulance service from the County fire service. The relevant decisions of the County Council are set out below:—

(a) That the County Council approves the separation of the fire and ambulance services and the transfer of the control of the ambulance service to the Health Committee with the County Medical Officer of Health as the responsible officer with effect from 1st April, 1959.

(b) That the County Council approves the integration of the accident and sick removal branches of the ambulance service.

With regard to decision (a) above, full responsibility for the sick removal branch of the service was transferred to me with effect from the 1st April, 1959. The transfer of the accident and emergency branch posed certain



difficulties, however, as the vehicles were and still are, housed in fire stations and the turn-out of these vehicles is entirely dependent upon the fire brigade communications system. In these circumstances, the County Council decided that as a temporary measure, the accident and emergency branch of the service should remain under the control of the Chief Fire Officer who would exercise this responsibility as an agent for and on my behalf. With regard to decision (b) above, the County Council decided that to facilitate the interchange of personnel and vehicles between the two branches of the service, as many accident ambulances as possible should be housed at ambulance depots, and the remainder in self-contained accommodation on sites occupied by other County Council services.

The preparation of recommendations for submission to the County Council for the implementation of these policy decisions has necessitated consideration of the siting of all accident stations and also the system of control and communications to be set up. This control must, of course, cater for all accident and emergency calls in addition to sick removal work. It is hoped to submit recommendations to the County Council on these points early in the new year.

*Demands on the Ambulance Service.*—In my report for 1958, reference was made to the fact that, for the first time for five years, the number of patients carried during the year had shown an increase. Having regard to the increased traffic during the London bus strike which persisted during the months of April, May and June of that year, it was not possible to reach a firm conclusion that this indicated the beginning of an upward trend, although there were certainly significant increases in the number of patients carried during other months of that year, in comparison with the same periods for 1957. The figures for patients carried for 1959 which have not been affected by circumstances outside the normal scope of ambulance work, do confirm that there has been a very definite increase.

In reports for previous years, comment has been made on the fact that the directly provided service is dealing with a proportion of the total weight of traffic which is progressively greater each year. The figures for 1959, in fact, show a slight reduction in this respect but, having regard to the unusual features of 1958, as mentioned above, a more appropriate comparison might be made with 1957, from which it will be seen that in 1959 the directly provided service carried an additional 29,310 patients whilst the vehicles ran 26,642 less miles than in 1957. Over the years there has been a very definite need for more careful planning and co-ordination of patient journeys in order to ensure that all ambulance service vehicles are used economically and to the best possible advantage and it is a tribute to the control staff of the service that so much has been achieved in this respect. There is no doubt, however, that a point must be reached in this process where efforts to obtain the greatest economical return from vehicles and manpower will militate against the well-being of the patient for whom the service is provided. This is a factor which must be kept constantly in mind in the day-to-day operation of the service.

Insofar as the supplementary services are concerned it is of interest to note that during 1959 as compared with 1958, they carried only 1,737 patients less but the total mileage run by the vehicles of these services was 43,262 less.

Details of the number of patients carried and mileages run together with corresponding information in respect of the previous four years, are as follows:—

	Patients carried by directly provided and supplementary services.				
	1959	1958	1957	1956	1955
January .. .. .	65,090	67,554	69,517	68,161	65,107
February .. .. .	60,136	61,532	62,850	66,690	62,752
March .. .. .	63,133	66,486	66,180	69,878	72,553
April .. .. .	69,377	64,061	61,863	65,605	63,704
May .. .. .	65,623	76,836	69,293	70,063	69,613
June .. .. .	67,640	72,280	57,159	63,769	69,795
July .. .. .	69,772	68,323	64,724	64,065	66,919
August .. .. .	58,842	59,704	58,246	60,603	63,490
September .. .. .	65,885	65,176	60,114	59,748	65,504
October .. .. .	71,104	71,200	67,335	70,988	67,967
November .. .. .	68,479	63,085	64,924	67,677	68,952
December .. .. .	65,885	62,003	56,810	55,397	63,829
Total .. .. .	790,986	798,221	759,015	782,644	800,185
Total mileage run by directly provided and supplementary services .. .. .	3,809,951	3,864,579	3,859,457	4,145,038	4,358,725
Total patients carried by					
(a) directly provided services ..	738,935	744,433	709,625	700,891	698,143
(b) supplementary services ..	52,051	53,788	49,390	81,753	102,042
Total mileage run by					
(a) directly provided services ..	3,245,198	3,256,564	3,271,840	3,291,794	3,299,651
(b) supplementary services ..	564,753	608,015	587,617	853,244	1,059,074

*Hospital Car Service.*—The hospital car service has proved of invaluable help in supplementing the resources of the service particularly at times when demands for vehicles have been most heavy. I am particularly indebted to the Deputy President and Director of the Middlesex Branch of the British Red Cross Society, Mrs. D. Balsom, *O.B.E.*, who has helped so much in establishing very harmonious links with the County Ambulance Service.

*Misuse of the Service.*—It is only through the co-operation of the general public that full effect can be attained in reducing the non-essential demands on an already over burdened service which is costing some £800,000 a year to run. If it were more generally known that the number of cases are almost double those carried in 1948 and the cost of transport works out at about £1 per patient journey, it is to be hoped that some ratepayers will not press their doctors so hard for transport unless there is a real medical need for which public transport will not suffice. Moreover, by easing the load on the limited resources of the ambulance service a reduction in delays which cause hardship to other patients, would be effected.

*Liaison with Hospitals.*—Particular attention was paid, during the year under review, to the need for the closest contact with hospitals who are the greatest users of the service. Ambulance officers visited transport officers at



hospitals. Where these officers have been appointed experience showed that their help in alerting ambulance depots when patients were waiting transport did much to alleviate hardship and reduce complaints over delays. Steps were also taken to encourage visits by transport officers to their nearest ambulance control centres where the problems of co-ordinating the large demands on the vehicles can be best appreciated.

*London Traffic.*—Traffic congestion within the centre of London near teaching hospitals is the cause of considerable delays and reduction in availability of ambulances which could be better used elsewhere. To meet this problem an officer was detached for the purpose of operating in the area of teaching hospitals and a speedier turn-round of vehicles and closer liaison with transport officers and appointment clerks was developed.

In addition field officers who maintained close contacts with senior officers at the County ambulance control centre made visits to hospitals and railway termini in the normal course of their duties.

*Liaison with Police.*—Co-operation with the Police has been excellent. A gratifying example occurred in circumstances where visibility was down to a few feet because of very dense fog. The information room at Scotland Yard organised escorts for an ambulance to the Metropolitan Police boundary where police patrols from Buckinghamshire took over. It was essential for the patient to reach the nearest specialist hospital quickly if his life was to be saved. With the co-operation of the police and ambulance personnel concerned this patient reached his destination safely. Senior officers of the service also visited Scotland Yard for the purpose of agreeing parking places which will speed the turn-round of ambulances at the busiest hospitals in central London.

*Vehicle Replacement Programme.*—During 1959, the modernisation programme of the ambulance fleet was virtually completed. Delivery was taken of 20 Dennis diesel ambulances from a contract placed in 1958 and another contract was entered into for a further five such ambulances to replace the last of the ambulances in service which were built in 1949–50 on chassis which had seen war-time service. By the end of the year, four of these latter ambulances had been received and delivery of the fifth is anticipated early in the new year when a total of 63 Dennis diesel ambulances will then be in commission.

Contracts were also entered into for three sitting case coaches to replace the last of the coaches which were constructed in 1949 and for 15 sitting case vehicles. These latter were the first step in the replacement of some 55 Morris sitting case vehicles which were brought into service during the years 1949 to 1952. Very careful consideration was given to the specification of these sitting case vehicles both in relation to maintenance needs and to passenger comfort. In this connection, each of these vehicles will be provided with air suspension.

During the course of the year, considerable experience was gained of the prototype diesel Beardmore taxi type vehicle which was put into service late in 1958 and this experience will be of considerable value when consideration is given to replacement of sitting case cars now in commission.

*Transport of Patients by Rail.*—During the year, the number of patients conveyed under ambulance conditions by railway was 818 compared with 969 during the previous year. The railway authorities have again given their whole-hearted co-operation to the service in effecting these removals and providing a comfortable and speedy method of transfer for those patients who need to travel over long distances.

The fact that there is a reduction in the numbers carried by this method is mainly attributable to the increasing use of diesel engined trains. Experience showed that these trains cannot accommodate stretcher cases. Representations about this have been made.

*Mutual Assistance.*—The arrangements which the service has with ambulance services of neighbouring health authorities continue to operate satisfactorily.

*London Airport.*—The functions of the Health Control Unit at London Airport are dealt with elsewhere in this report. Regular contact exists between the ambulance service and the health control unit in connection with the prescribed arrangements for dealing with patients requiring ambulance transport on arrival at the airport. These arrangements have operated very smoothly over a number of years.

*Civil Defence Ambulance Service.*—Ambulances which became redundant to the needs of the peace-time service during the year were first offered to the Civil Defence Corps for use in the training of civil defence volunteers and six such ambulances were taken over by the Corps. The remaining vehicles were disposed of by auction with the exception of two which were sold to the St. John Ambulance Association.

*Ambulance Service Efficiency Competitions.*—The annual efficiency competitions were held again in both the accident and sick removal branches of the service. The “Cleland” Trophy was won by the Ealing Accident Ambulance station and the “Baines” Trophy was retained by the Kingsbury Sick Removal Depot. These competitions assist materially in maintaining and improving standards and will be continued in the forthcoming year.

This year for the first time, the County Council entered an ambulance service team for the National Competition for Ambulance Services organised by the National Association of Ambulance Officers. It is a great pleasure to report that the County Council's team won the Regional Final of this Competition which was contested by 12 ambulance authorities. The same team represented the County Council in the National Finals held at H.M. Police College, Ryton-on-Dunsmore, Warwickshire, and in competition with six other Regional Finalists, achieved fourth place. The ambulance service at present holds the “Wadham” Trophy for its success in the Regional Final.

*Recruitment.*—Difficulty was experienced in obtaining recruits of suitable type for the work. This problem of recruitment was accentuated by wastage caused in the main by drivers attracted to commercial enterprises. It was found that the average intake could not keep pace with the outflow of trained driver-attendants.

To overcome this problem steps were taken to contact various ex-service-men's associations who kindly brought information of what the service can offer



to those thinking about a job in civilian life. Concurrently with this the press co-operated by printing a few informative articles on “ A Day in the Life of an Ambulance Driver,” which stimulated recruiting. Efforts to reduce wastage were directed towards a careful selection of recruits of the right type likely to remain in the service because of the worthwhile aspects of the work. It was found that a number of otherwise acceptable recruits were rejected because their driving experience was restricted to driving a private car. Approval was obtained for a conversion course for suitable recruits who then received free instruction on Sundays on commercial vehicles without jeopardising their jobs. This has resulted in a number of good type recruits being absorbed into the service.

At the end of the year it was found that the intake was greater than the out-flow and offered more encouraging prospects for 1960.

*Training.*—Special consideration was given to the need for raising the standard of training of new entrants who, with few exceptions, join the service without previous experience in ambulance or first aid work.

A start in this direction was made in moving the training centre from Pinner to a more accessible position in Wembley where Civil Defence training premises were used during the day for training purposes, and adjustments in the syllabus of training were made to give more emphasis on the practical aspects of ambulance work. The standard of teaching at the training school has been raised by ensuring all instructors have attended a course which includes teaching methods.

*Safe Driving Awards.*—Awards for safe-driving during the past year have been most encouraging with the following results:—

Diplomas	..	..	..	186	Oakleaf Bar (10–15 years)	..	1
Five-year medals	..	..	..	23	Fifteen year brooches	..	2
Bar to five-year medals	..	..	..	97	Special Bars (15–20 years)	..	3
Ten-year medals	..	..	..	25	Exemption Certificates	..	16

*Major Disaster Schemes.*—Consideration was given to supplementing the arrangements which would be required at a major disaster especially where large numbers of stretchers and blankets might be needed. With this in mind a start was made to position equipment vehicles loaded with stretchers, blankets, &c., at ambulance depots from which they can be deployed to establish equipment dumps in any part of the County. In addition names of personnel willing to be recalled at short notice have been listed near depot switch-boards. The response from such personnel, has been most encouraging. Officers of the service have participated in consultation with Hospital Management Committees on schemes designed to ensure speedy medical assistance and control of resources under exceptional circumstances.

*Displays, Exhibitions and Talks.*—During the year the service welcomed a number of invitations from District Councils and voluntary associations to participate in displays, exhibitions and talks where with the aid of vehicle equipment on stands and information boards, officers of the service helped to bring home to members of the public the work of the Ambulance Service.



*Conclusion.*—In conclusion I should like to take this opportunity of placing on record my appreciation of the close co-operation afforded to the department by the Chief Fire Officer and all those members of his staff who have been concerned with ambulance service matters.

## Section 28

### PREVENTION OF ILLNESS, CARE AND AFTER-CARE

*TUBERCULOSIS.*—The arrangements providing for the care and after care of persons suffering from tuberculosis have continued with little change throughout the year. The statistical tables relating to tuberculosis are shown on pages 82-83.

*Home Visiting.*—The number of tuberculosis visitors on the staff of the Council is now 41 and they are employed full time on work connected with tuberculosis. In addition to home visiting they undertake duties at the chest clinics and act as clinic sisters at diagnostic and treatment sessions. During 1959 they made 40,797 successful visits to the homes of patients and gave advice on prevention of the spread of infection and on arrangements for care and after care. At the same time the tuberculosis visitors undertook close supervision of all contacts.

*Welfare.*—The County Council employs a staff of 12 trained and experienced medico-social workers who are designated tuberculosis welfare officers. There are ten chest clinics within the County each with a welfare department. The incidence of tuberculosis continues to fall and a considerable number of persons referred to the welfare officers by the chest physicians suffer from non-tuberculous diseases, notably lung cancer and chronic bronchitis.

The scope of the work of the welfare officer is still fairly wide and it is part of her duties to administer the Council's services for the provision of clothing, beds and bedding, extra nourishment, garden shelters, sputum flasks and disinfectant, etc., as well as helping the patients by contacting appropriate local authorities regarding housing and other official and voluntary bodies to secure such help as is available to meet financial needs, employment, &c.

*Occupational Therapy.*—The Council employs four occupational therapists and one handicraft instructor who visit patients in their own homes and also hold classes at some of the chest clinics or in nearby premises. They give guidance and training in a wide range of handicrafts, including needlework, to selected patients. Materials are supplied to patients through the Council's Supplies Department at cost price plus 10 per cent. handling charge. Occupational therapy plays a vital part in the rehabilitation of the patient.

During 1959, 5,417 successful home visits were made and there were 2,095 attendances at occupational therapy classes.

An art class was commenced at the Ealing Chest Clinic in August, 1958. This class which is held on one afternoon per week continues to thrive successfully with an average of 6-7 patients in attendance. Tuition is given in oil and water colour painting and modelling, &c., by a tutor provided by the Education Committee under its scheme for further education.

*Rehabilitation.*—The needs of the patients are met in three ways:—

(a) Through full-time training provided by the Ministry of Labour at their training centres.

(b) By admission of selected patients to colonies such as Papworth, Preston Hall and Enham Alamein Village Settlement. The number of patients maintained by the Council during 1959 at these colonies was 12.

(c) By providing training and subsequently employment under sheltered conditions at the Council's own workshop at Tottenham. This workshop has an establishment of one Manager/Instructor, two Charge-hands and 50 journeymen cabinet makers or trainees.

*Hostels for Tuberculous Cases.*—The Council has provided one hostel for homeless tuberculous men at Twickenham with accommodation for 16 residents. This hostel is managed by a warden and assistant warden both of whom are resident.

*Vaccination against Tuberculosis.*—During 1959 the County Council extended its scheme to provide for the vaccination with B.C.G. of school children who are approaching 13 years of age and can conveniently be vaccinated along with others of that age, school children of 14 years of age or older, and students attending universities, teacher's training colleges, technical colleges or other establishments for further education.

The following table shows the number of persons vaccinated during the past ten years:—

Year.	Number of persons vaccinated under:		Total.
	Contact scheme.	Scheme for school children	
1950 .. ..	170	—	170
1951 .. ..	1,240	—	1,240
1952 .. ..	1,842	—	1,842
1953 .. ..	1,585	—	1,585
1954 .. ..	1,740	156	1,896
1955 .. ..	2,041	2,031	4,072
1956 .. ..	2,125	3,337	5,462
1957 .. ..	2,445	12,745	15,190
1958 .. ..	2,258	12,643	14,901
1959 .. ..	2,860	18,276	21,136

*RECUPERATIVE HOLIDAY HOMES.*—During the year the County Council accepted financial liability for the maintenance of 1,704 persons in recuperative holiday homes; 1,399 were admitted to such homes; of the remainder 290 applications were cancelled or withdrawn and 15 were outstanding as at 31st December, 1959. Of the 1,399 cases admitted, 1,124 were adults, 70 were children under school age and 201 were mental defectives sent to St. Mary's Bay Holiday Camp. The remaining four were mental defectives for whom short-term care was provided in cases of emergency, such as illness of a member of the family, the mother being in urgent need of a holiday, &c.



In addition, out of 24 cases referred in the previous year 11 were admitted to recuperative homes and 13 applications were cancelled. Children of school age were dealt with under Education Act powers.

Applications were received from the following sources:—

<i>Source</i>	<i>No. of Cases</i>
Hospitals.. .. .	551
General Practitioners .. .. .	687
Chest clinics .. .. .	208
Other (local health authorities medical staff, &c.) .. .. .	258

*LOAN OF NURSING EQUIPMENT.*—The Middlesex Branch of the British Red Cross Society continues to operate the loan of nursing equipment scheme on behalf of the County Council and during 1959, 16,599 articles were loaned to patients, an increase of 1,098 over the previous year.

*CHIROPODY.*—In addition to the service provided under Section 22 of the National Health Service Act, 1946, the chiropody services provided in Edmonton and in Brentford and Chiswick which were established before the National Health Service Act, also operate under Section 28 of that Act. These facilities are provided mainly for the elderly, for whom chiropody is an important service. The number of cases treated at Edmonton was 1,112, the total number of attendances being 3,391. At Brentford and Chiswick 115 were treated and the total number of attendances was 883.

During the year the Council made grants of £50 to the Harrow and Northwood Division of the British Red Cross Society and £10 to the Salvation Army Free Foot Clinic, Wembley. Other voluntary organisations received grants from the Sunday Entertainments Fund towards the cost of services they provide which may include chiropody treatment. Facilities are also available in certain areas for chiropody sessions to be held by voluntary organisations on clinic premises free of charge.

The chiropody services which the Council has been permitted to provide under Section 28 of the National Health Service Act are far from adequate. The County Council has, over the years, made representations to the Ministry of Health seeking approval to the expansion of these chiropody services, but this has not been agreed to in view of the limitations imposed by the Government on expenditure under the National Health Service Act.

In April, 1959, the Minister of Health issued Circular 11/59, which indicated that he is now prepared to approve proposals by local health authorities who wish to establish or, where one already exists, to extend a chiropody service, with priority in the early stages to the elderly, the physically handicapped and expectant mothers, as part of their arrangements for the prevention of illness under Section 28 (1) of the National Health Service Act. The County Council has given consideration to this circular and has agreed in principle to the expansion of these chiropody services, pending the submission of a comprehensive report on the extent and method of providing such service.



*VENEREAL DISEASES.*—The County Council continues to be concerned within the scope of its arrangements under Section 28, in co-operating with the work of the venereal disease treatment clinics as regards following up persons under treatment or known or believed to be sources of infection. In this connection the County Council's almoning staff attend venereal disease clinics at hospitals within the County and are utilised for the purpose of tracing contacts and following up defaulters. The almoners, under the direction of the medical officers in charge of venereal disease clinics in Middlesex, assist patients in meeting any social problems with which they are faced.

Comment on the incidence of venereal disease will be found on page 13.

*PROBLEM FAMILIES.*—There are insecure families in every district who need constant support and intensive help from social workers. All health visitors on the County Council's staff are trained to deal with these difficult cases, and to enlist the help of other services when it is needed. Work with these families is, however, very time consuming, and there are three experimental small scale schemes in progress designed to free the all-purpose health visitor for more house visiting.

In Area 3 two specialist health visitors work with problem families only, and although necessarily results are slow to emerge, their work is proving very worthwhile indeed.

In Area 6, two officers of the Family Service Units are employed part-time by the County Council. Their report of a year's work shows that after an initial period of time spent in making contact with workers in the area, and getting to know it, work was carried on with ten families, and a further two families have been referred and accepted as suitable to be dealt with by the unit. The workers, a man and a woman, stress the need of both parents equally in nearly all their cases, and they predict that long-term help will be necessary to enable most of these families to adjust themselves and provide the relief of tension necessary for them to act adequately. The workers feel that they should be in contact with a larger number of families to make their presence in the area fully effective.

The third scheme is the provision of two home helps for special cases in Area 7. These home helps have undergone a week's special training, kindly undertaken free of charge by the London County Council who were running a course. It is the intention for them to provide either full-time domestic help during the day or sometimes, if necessary, resident, or full-time non-resident help in a family where the mother is unable to manage her home and family or is away from home through illness. In this way it is hoped to obviate the need for the children to be taken into care. This scheme has only been in existence for a short while, and it will be reported on at a later date.

*SPECIAL CLINICS FOR THE ELDERLY.*—The County Council considered a report on the first year's working of the clinic which was set up in June, 1958, to provide elderly people with facilities for consultation with a medical officer on health problems, to provide medical checks upon the state of their health and to give advice on diet, clothing, household budgeting and kindred matters.

In the light of the experience gained it was conceived that in a fully developed comprehensive preventive medical service for the elderly the bulk of the clinics for the elderly should be local, equipped and organised on relatively simple lines and conducted by an assistant medical officer who had received appropriate special training in the work. The local clinics should be linked with a consultant clinic which would be equipped to carry out investigations of a more detailed and advanced nature than would be possible in the local clinic, and it should be under the direction of a medical officer of recognised standing in geriatric medicine. Among its activities might be the following:—

- (i) The initial examination and assessment of patients referred from the local clinics where their subsequent follow-up would take place;
- (ii) The training of staff to work in the local clinics;
- (iii) Undertaking a co-ordinated programme of research in problems of ageing in association with recognised organisations for promotion of research.

It was felt that only a few such consultative clinics would be required to cover the County.

In view of the position of the Teddington Clinic as the pioneer clinic for the elderly in the County of Middlesex and of the experience already gained it was decided to seek the approval of the Minister to the equipment and development of the clinic to enable it to undertake the functions indicated above. It was also decided to seek the views of the Middlesex Executive Council upon the proposals.

At the close of the year replies from the Minister of Health and the Middlesex Executive Council were being awaited.

A proposed scheme for the setting up of a Health Advisory Centre in Area 3 (Tottenham and Hornsey) has been submitted to the Minister for approval. The purpose of this centre is to give advice on healthy living, prevention of accidents, occupations and development of interests essential to the mental and physical health of men of advancing years. It is intended that men nearing the age of 65 shall be invited to attend for an interview of a medical character when advice will be given on health matters and the question of future employment, if desired, discussed with the assistance of an officer from the Ministry of Labour and National Service.

The consent of the Minister to the scheme was still awaited at the end of the year but it is hoped that the centre will commence to function early in 1960.

## HEALTH EDUCATION

*Lectures.*—During the year the Health Education Officer has undertaken no fewer than 203 public lectures from the syllabus which was set out in last year's report.

In almost every case he has been invited, after the lecture, to speak again at some future time to the same organisation but unfortunately in most cases it has been impossible to promise a return visit within 12 months owing to the great number of applications received. It is disappointing, when interest has been stimulated in the general public as a whole, that requests for help have to be turned down. Accordingly, a scheme of in-service training courses for health



visitors has been launched with the object of spreading the burden over a greater number of people in the service of the County Council Health Department adequately trained to undertake some of these important lectures to the public.

*Health Visitor Training Course.*—Ten training courses of this nature for health visitors were held during the year, twelve health visitors spread over the ten areas being selected for each course.

This training course was not designed to teach health visitors the work which they are already trained to do; hence a colloquial title epitomising the course was chosen and it was called simply “Putting it Across”.

The syllabus which is followed is set out below and runs for three days.

#### FIRST DAY

- Introduction to course.
- General administration.
- Teaching films.
- The mechanics of public speaking.
- Lecture on human relationships followed by discussion.
- The mechanics and art of discussion method.

#### SECOND DAY

- Lecture on the use and misuse of visual aids.
- Practical work on film strip techniques and mechanics, including talkie strip, remote control, transparencies, mounting, operating, film strip scripting and making.
- Practical work on display methods and techniques—polygraph teaching tools.
- Display project planning.

#### THIRD DAY

- Practical display making.
- Group discussion including role playing techniques.
- Lecturettes by students. Each student is required to deliver a five minute lecturette.
- The course in retrospect—discussion.
- Concluding address.

As a result of the experience gained in the earlier courses it was found that health visitors felt they would benefit from some extra tuition in teaching techniques and therefore the three-day course was extended for a further day and with the kind co-operation of the Principal of Chiswick Polytechnic, Mr. D. C. A. Ker, this extra day was devoted to the syllabus set out below:—

#### Psychology of learning:

Relevant mental processes, motivation, attention and interest; memory and understanding. Factors of advantage and disadvantage.

Questions and discussion.

Classroom techniques:

Differences between lecturing and teaching—recognised stages in a lesson, with testing of results.

Relationship between teacher and student.

Aids to classroom teaching.

Questions and discussion.

Students observe teaching methods in a classroom, and give practice lessons under observation. This is related to the needs of the student and to the facilities available to her.

Reports of observations; comments on class teaching problems of health education in particular; questions and discussion with members of staff available.

The courses have met with the most enthusiastic reception on the part of the health visitors and there is no doubt that the instruction they have received has added enormous practical value to their basic training in nursing and preventive medicine.

*Dental Health Education.*—During the year the need for intensified dental health education again came under review. The Chief Dental Officer felt the need for informing parents of the present disastrous situation as far as school dentistry was concerned and to bring home to them their responsibility for certain aspects of their children's dental care. Accordingly the text of a message was prepared and the Health Education Officer transformed this into a four page leaflet attractively illustrated in cartoon form. Arrangements have been made for a copy of the leaflet to be distributed early in 1960 to every school child in Middlesex and through them to their parents. In addition a personal message from the Chairman of the Health Committee was sent to the Press, Women's Institutes, Townswomen's Guilds, Parent/Teacher Associations and similar organisations.

*Ante-natal Health Education.*—This important part of the health visitors' work has been assisted during the year by the Health Education Officer or his assistant showing appropriate films for health visitors and loaning certain materials to assist in their teaching.

The work pioneered last year of arranging evening meetings for expectant mothers with their husbands to show primarily the film "Childbirth Without Fear," by Dr. Grantly Dick Read, was continued.

Of all the films available this is a film which experience has shown can, if used rightly, be a tremendous means of building up confidence in the expectant mother. However, it does need to be handled with understanding and care if the full benefit of its teaching is to be received.

During the year some 16 evening meetings were held at which this film was shown at clinics to expectant mothers together with their husbands and audiences ranged between 30 and 80 in attendance and the enthusiasm was tremendous when the work was properly carried out. It is a feature of these meetings that a doctor is present to answer questions from the audience at the conclusion of the film and very often these have come fast and furious. Many congratulatory messages have been received from those who have attended the meetings.



*Smoking and Lung Cancer.*—During the year further research along the lines previously indicated was carried out by the Health Education Officer and further schools visited in this connection. The same procedure was followed, that of using a tape recorder for a two-fold purpose—

1. To act as verbal notes for the Health Education Officer, and
2. So that it could be demonstrated at a later stage, that the answers received were indeed the contribution of the children themselves and not the result of leading questions put by the speaker.

This research project was completed during the year and a final report on the whole enquiry will be submitted to the Joint Consultative Committee for Primary and Secondary Education early in 1960.

The final report contains recommendations which, if put into effect, it is believed can have a positive result upon the smoking habits of young people of school age and it is obvious that this is a field which must be attacked with some vigour.

As a result of what was written about this project in my last annual report enquiries have been received from many sources and the national press has also given some space to the Middlesex findings as a whole. During the year, an approach was received from the B.B.C. Woman's Hour programme in the person of Miss Patricia Brent who was getting out a feature for the programme on the problem of smoking and young people. As a result of this the Health Education Officer was among those who contributed when this topic was subsequently broadcast.

*Youth Clubs.*—During the year the Health Education Officer has been able to attend a number of Youth Clubs to lecture mostly on the subject "Love and Marriage" but sometimes, at their request, on "Smoking and Lung Cancer." All fields of health education need careful and expert handling but of all subjects, apart from cancer education, the subject of "Love and Marriage" to youth clubs requires the greatest experience and knowledge of the handling of young people as it is a subject in which, at that age, they are so emotionally involved.

Nevertheless it has become clear by virtue of the work already accomplished and the response received that this will, if it can be undertaken, be one of the great fields of future development in health education work but it must be emphasised that only the right people should be asked to undertake this very delicate and demanding work.

*Schools.*—During the year quite apart from the research project on Smoking and Lung Cancer which took the Health Education Officer to many schools he received invitations to lecture on other subjects in a number of schools.

This was often to groups of fifth and sixth formers in grammar schools after the day's work had been done and in their own clubs of science or art. To these groups also he has been asked to speak on the subject of "Love and Marriage".

*Liaison.*—The Health Education Officer has received a number of visitors in the course of the year from trainee teachers attending teachers training colleges and has been able to help them from the point of view of health education in

general and the work in Middlesex in particular. Health education is now a compulsory subject during the course of teacher training, and any help which can be given in the shape of practical experience may well have far reaching results in future years.

*Appointment of Technical Assistant to the Health Education Officer.*—During the year the Council agreed to the appointment of a technical assistant for the Health Education Officer to extend the work of health education itself. Mr. C. E. Read, who had already had experience of health education work in Area 10, was appointed to the post and commenced his duties on 1st September, 1959.

The work of the technical assistant includes the making of film strips, the taking of photographs for display and exhibition purposes, and the projection of films throughout the County to County staff and to the general public.

In addition to this it is visualised that he will be responsible for undertaking simple exhibition work and the simple design and setting up of display apparatus. For the full development of this work, additional storage accommodation and a fully equipped photographic laboratory are needed and suitable premises for this purpose are being sought.

*Safety in the Home.*—During the year the provision of help not only to areas but to Home Safety Committees in the County has been extended and the Health Education Officer is himself an invited member of one of the Committees.

Material and projects have been put in hand and a window display provided. In addition, health visitors and areas have been provided with information to help them in this facet of health education work.

Towards the end of the year a film strip was completed on the theme of Accidents in the Home to the Elderly, which will be of value in connection with the health education on home safety which is carried out in the County. An incidental advantage of the production of such a film strip is the availability of the photographs themselves which can be used for clinic and outside display.

*Photography.*—Apart from this film strip photographic records have been compiled of various aspects of work including the health visitors course run centrally, the work carried out in the sheltered workshop for tuberculous men at Tottenham and other aspects of health education undertaken in the clinics of the County and a stock nucleus of photographs is gradually being built up which later can be used as a source of material for exhibition to the public.

In addition to the above, photographs were taken during the year of various aspects of the work of the County Council's special training units for mentally deficient children and these have been loaned many times during the year to the Middlesex Society for Mentally Handicapped Children, for public display.

*Films.*—During the year increasing use was made of the Health Department's film projector principally in the field of talks given in the clinics at mothercraft classes and to children in school. Many films over the year have been hired for a specific showing from the film catalogue prepared at the beginning of the year by the Health Education Officer, but it has also been the



policy to purchase films which are found by experience to be consistently used. In this way a small but growing nucleus of teaching films which are frequently used, is being built up.

*County Mobile Exhibition.*—The County Public Relations Officer was supplied with photographs setting out certain aspects of the work of the County Health Department for inclusion in the travelling exhibition, which he has organised.

## Section 29

### HOME HELP SERVICE

At 31st December, 1959, 1,453 home helps were employed (equivalent to 923 full-time).

A total of 14,909 cases of which 9,750 were in the category of chronic sick, including aged and infirm, were provided with assistance. This is an increase over the figure for 1958 which was 13,796, and the number in the chronic sick category is also a little larger; 2,066 were maternity cases.

An experimental scheme was started in Area 10 where, in order to avoid continually withdrawing helpers from old people who tend to be unsettled by changes to attend maternity cases, six home helps were allocated for duty with confinement and emergency cases only. When reviewed after six months of operation, it was shown to have been of great benefit to the old people, and resulted in less time being lost to the home help service than had been anticipated. The scheme is accordingly being continued for a further period of six months.

Courses of instruction for home helps are now given in six areas by health department staff. The aim of this instruction is to give confidence to women in the service in forestalling or coping with emergencies in the course of their duties, and also to help them to recognise serious illness. An outline of food requirements, safety measures in the home, laundry and the domestic care of people with some chronic diseases are included in the courses which have been much appreciated.

## Section 51

### MENTAL HEALTH

This section of the Act required local health authorities to submit proposals to the Minister for carrying out their duties under the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts. As this work is completely integrated with the mental health services provided by the Council under Section 28 of the National Health Service Act they are dealt with together in this section of the report.

### REVIEW OF EXISTING SERVICES

In May, 1959, the Minister asked local authorities to make an immediate review of their existing mental health services and to decide on the manner in which they should be developed (Circular 9/59).

One of the guiding principles in reviewing the services was that there should be a re-orientation of the mental health services away from institutional care when the special facilities of the hospital service are not needed and towards care in the community.

The Council, therefore, considered and approved a planned programme for the development of its service which includes the replacement of certain of its special training schools at present housed in unsatisfactory premises, the provision of weekly boarding accommodation at one of these schools, the provision of purpose built practical training centres additional to those already in existence, the provision of hostels for the mentally disordered and the provision of sheltered workshops.

#### MENTAL HEALTH ACT, 1959

The long awaited Mental Health Act received Royal Assent on the 29th July, 1959. The Act comes into operation on such date as the Minister of Health may by Order appoint and different dates may be appointed for different sections of the Act. The Act is one of the most important pieces of social legislation introduced in this century. Its object is to make fresh provision for the treatment and care of mentally disordered persons including attention to their property and affairs. The passing of the Act was shortly followed by Circular No. 22 (59) in which the Minister directed that as from the coming into operation of Section 6 of the Act arrangements shall be made by every local health authority for the purposes of the prevention of mental disorder, the care of persons suffering from mental disorder and the after-care of such persons.

Detailed consideration has been given to the provisions of the Act and the County Council has decided, among other matters, to carry out its functions relating to the registration and inspection of mental nursing homes through its Mental Health Sub-Committee. The registration and inspection, &c., of residential homes for the mentally disordered is to be delegated to the Welfare Committee. It has also been agreed that arrangements shall be made for the medical assessment of children about to leave school who appear to be suffering from subnormality or maladjustment and who may need help after leaving school.

In reviewing the services the County Council modified its proposals under Section 28 of the National Health Service Act, 1946, in advance of the new legislation in order that residential provision could be made for mentally disordered persons without necessarily dealing with them under the existing Acts relating to mental deficiency or mental illness and that such accommodation could be made available either by itself or in homes provided by voluntary organisations or by the boarding out of patients in private households. This proposal which was approved by the Minister in October has also permitted the discharge from Order of certain guardianship cases and their placement under informal foster-care.

*Informal Admission of Patients Suffering from Mental Illness.*—A welcome innovation in the mental health service was the grant of authority for informal admission of mentally disordered persons to hospitals. This was introduced by an Order made by the Minister of Health under the Mental Health Act, 1959, on the 6th October. It permits any patient not unwilling to be admitted and who could suitably be treated without powers of detention to be admitted to hospitals without formality in the same way as those suffering from physical disease.



In consequence of this a number of patients who would otherwise have been dealt with statutorily, particularly under the Mental Treatment Acts, 1930, were admitted to hospital by arrangements made through their general practitioners. In many cases mental welfare officers were associated with the arrangements because they are in close touch with the hospital staff and because of their invaluable experience in assisting such patients.

#### NEW PROPOSALS

At the end of the year consideration was being given to the preparation of new proposals under Section 28 of the National Health Service Act, 1946, in accordance with the direction received from the Minister of Health and contained in circular 28/59.

#### COMMUNITY WORK UNDER THE NATIONAL HEALTH SERVICE ACTS

To carry out the field work in pre-care and after-care of persons requiring help in the community, there is now an establishment of eight psychiatric social workers in the County working from the five divisions.

Three therapeutic social clubs have been provided by the County Council and it is increasingly evident that such clubs are of unique value to the members, who have great difficulty in making social contacts without them. The clubs meet in the evening and members are encouraged to organise the clubs' activities as much as possible and benefit from doing so with the sympathetic understanding and support of the staff.

The first club opened in Edmonton at the Methodist Central Hall, Fore Street, on 13th June, 1956. This club closed in July, 1958, and re-opened at the premises of the Enfield special training school, Waverley Road, on 5th January, 1959, where it is now flourishing.

The second club opened in Willesden at the Neasden special training school, Neasden Lane, on 23rd October, 1958, and continues to do useful work.

The third club opened in Hendon at the York Park Day Nursery on 3rd March, 1959, and meets a need for that area which is greatly appreciated.

Suitable patients have also been referred to social clubs of the Institute of Social Psychiatry. During the year there were 1,786 attendances by Middlesex patients at these clubs. In addition there were 1,777 attendances by Middlesex patients at the Institute's day rehabilitation centre at Blackfriars. The County Council contributes to the cost of the Institute's activities in proportion to the number of attendances by patients from the County.

Continued use has been made of homes and hostels administered by the Mental After-Care Association for the placement of patients who have ceased to need treatment in a mental hospital but who need after-care on health grounds. At 31st December, 1959, 47 such patients for whom the County Council had accepted financial responsibility were in residence.

#### COMMUNITY WORK UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890-1930

The County is covered by five mental health divisions with an office in each. There are 26 mental welfare officers who are "duly authorised" by the local health authority to carry out statutory duties.

The divisions are based upon the catchment areas of the various psychiatric hospitals receiving patients requiring hospital treatment for mental disorder as follows:—

Claybury Hospital..	..	..	..	East Division
Friern Hospital	..	..	..	} East Central Division
Napsbury Hospital	..	..	..	
Halliwick Hospital	..	..	..	
Shenley Hospital	..	..	..	Central Division
Springfield Hospital	..	..	..	West Central Division
St. Bernard's Hospital	..	..	..	West Division

The offices are open from 9 a.m. to 5 p.m. Outside these hours a rota arrangement for urgent calls is organised.

During the year there were an increased number of urgent calls from London Airport for mental patients to be dealt with immediately upon arrival by air from abroad. These patients are usually those of British nationality being returned to this country from abroad. An unusually large party was received in August when sixteen patients were sent here from Egypt. Many of them had been in mental hospitals in that country for many years. Upon arrival, after the statutory requirements had been dealt with by five mental welfare officers, the patients were conveyed in ambulances to psychiatric hospitals spread over south-east England where beds had been specially allocated.

Usually, patients arrive singly and advance notice is given. As the Airport is within the County boundary, the facilities of the mental health services are always available to persons arriving there in need of them.

There are three "designated" observation wards provided in general hospitals in Middlesex, viz., North Middlesex, Central Middlesex and West Middlesex, to which suitable patients may be admitted for short periods for medical observations pending a decision as to the best way of dealing with them.

The statistics relating to cases dealt with under the Lunacy and Mental Treatment Acts during the year will be found on page 102.

#### COMMUNITY WORK UNDER THE MENTAL DEFICIENCY ACTS

(a) *Supervision in the home.*—It is found that many mental defectives of all ages are able to live satisfactorily in the community, provided, among other things, that they and their parents are able to obtain assistance with their problems from experienced social workers. Many defectives under guardianship orders have recently had them discharged and have been placed informally with foster-parents. The amendment of the County Council's proposals referred to earlier has enabled this to be done.

At the end of 1959, there was a total of 3,088 mental defectives in community care and the visiting, &c., of these patients was being carried out by the 26 mental welfare officers (who deal with all the male defectives over the age of 10 years) and by four mental health social workers (who deal with all the female defectives and children up to 10 years of age).

This service is of great value especially to the school leavers and young adults in their efforts to obtain and to maintain jobs in the community as so



much depends upon the attitude of the employers and of fellow employees. Tactful help, encouragement, and the finding of suitable employment, are essential if the handicapped person is to develop as fully as his capacities will allow.

(b) *Guardianship*.—Until now guardianship orders have been used to empower the local authority to place and maintain a mental defective with a suitable person in the community. This form of care is most helpful where for some reason the defective is unable to live at home for it enables them to live in a normal family environment.

With the advent of the new legislation and the move towards informal arrangements both for hospital treatment and care in the community the use of the statutory procedures has been considerably reduced.

All guardianship cases previously under detention orders continue to be reviewed and during 1959, 29 were discharged from their Orders.

It was, however, necessary to admit other cases to guardianship and during 1959, 11 cases were dealt with in this way, of whom four were placed with the Guardianship Society, Brighton, where the facilities for finding suitable guardians are unusually good because of the long history and devoted work of this Society.

At the end of 1959, there were 178 patients under guardianship.

(c) *Community clinics*.—During the year six clinics were functioning in the county at Staines, Brentford, Edmonton, Enfield, Harrow and Willesden. Patients and their parents may either by appointment or by calling at a time when a medical officer is known to be in attendance, obtain advice and medical assistance.

(d) *Institutional care*.—Admissions during the year to psychiatric hospitals numbered 115. The number awaiting vacancies for institutional care at the end of the year was: urgent 88, others 53, total 141. The position has worsened since 1958 when the comparable numbers were urgent 42, others 31, total 73. This situation causes concern since there is no indication that the Regional Hospital Board can look forward to any early expansion in the number of manned beds.

One way in which the parents can be given a measure of relief (especially for the urgent cases on the priority waiting list) is to provide short stay care (up to eight weeks). During 1959, arrangements were made for 167 patients to be sent to the Regional Hospital Board's hospitals in this way and this was much appreciated by the parents.

(e) *Residential hostels for high grade mental defectives*.—A residential hostel was opened in May, 1958, by the National Association for Mental Health for lads who had recently left schools for the educationally subnormal and during the year the County Council continued to use it and placed eight young people in this way.

(f) *Special training schools (occupation centres) and practical training centres (adult occupation centres)*

(i) *Existing schools and centres.*—The position regarding the special training schools and practical training centres as at the end of 1959 was as follows:—

<i>School</i>							<i>Number of places</i>
Brentford	..	..	..	..	..	..	75
Hornsey	..	..	..	..	..	..	65
Hanworth	..	..	..	..	..	..	60
Hanworth Special Care Unit				..	..	..	12
Hillingdon	..	..	..	..	..	..	65
Harrow	..	..	..	..	..	..	72
Willesden	..	..	..	..	..	..	30
Neasden	..	..	..	..	..	..	80
Enfield (Waverley Road)	..	..	..	..	..	..	120
Total number of places..							579
West Middlesex Practical Training Centre:							
Southall	..	..	..	..	..	..	60
Isleworth	..	..	..	..	..	..	65
Moorcroft Practical Training Centre				..	..	..	70
							195

The purpose built special training school at Bridge Road, Isleworth, was practically ready for occupation by the end of 1959, and arrangements were in hand to close the existing Brentford School and to transfer the whole School and staff to the new premises very early in January, 1960.

(ii) *Moorcroft Practical Training Centre, Hillingdon.*—A practical training centre for adult females was opened on the 1st June, 1959; being housed on the first floor of the premises also accommodating the Hillingdon Special Training School. The girls attending are all over 16 years of age. There is provision for 70 places, and the girls receive instruction in laundry work with modern equipment, domestic science, light assembly work and handicrafts such as knitting on machines, needlework, rugwork, &c. Some of the laundry work from the old people's home which comprise part of these very large premises is also very successfully undertaken by the girls. A monetary rewards scheme is being introduced. The girls are conveyed by coach to and from the centre, suitable picking up points being arranged on the route.

Meals are provided jointly with the special training school, but the girls assist with vegetable preparation and the serving of the meals in their centre as part of their training.

(iii) *West Middlesex Practical Training Centre.*—Provision is made for adult males in the west and west central divisions of the county at this practical training centre, which comprises premises at Southall (60 places) and at Acton Lodge, Isleworth (65 places). At the latter centre the number of places has been



increased by 30 since 1958 to provide some places for adult males from the northern part of the county who are brought by coach. Plans are in hand for a large purpose-built centre on an industrial estate in the north of the County.

Various activities have been undertaken including woodwork, gardening (both vegetable and flower production), assembling cardboard boxes, soap flake packaging and repairs to toys and other articles for the special training schools. Light metal work instruction is about to start and in the latter part of the year the making of chamois leather mops has proved to be both remunerative and useful in training. The boys receive small monetary rewards to encourage them.

A youth club continues to provide a welcome activity outside the ordinary centre hours and the boys greatly enjoy the various social activities.

(iv) *Monetary rewards*.—A system of monetary rewards in the practical training centres and also for certain adult female patients in the special training schools has proved a valuable incentive to the patients' interests and an encouragement resulting in an improvement in their work.

At the practical training centres, the amounts paid to patients vary at present from 1s. 6d. to 7s. 6d. weekly, according to individual circumstances.

In the special training schools high grade adult females carrying out simple but useful domestic work receive payments varying from 7s. 6d. to 15s. per week.

(v) *Provision of meals*.—At all the practical training centres and special training schools, a hot midday meal cooked on the premises is provided, with the exception of Hornsey and Willesden, which are at present supplied by the school meals service. The kitchens of the centres where the meals are prepared and cooked provide a useful training ground for various types of domestic work.

(vi) *St. Mary's Bay Holiday Camp*.—Once again, as in the past eight years, arrangements were made for pupils from the special training schools and practical training centres to spend a holiday at the St. Mary's Bay Holiday Camp at Romney Marsh, Kent, to the great delight of the children and relief of parents.

From the 29th May to the 5th June, 1959, 53 older boys spent a happy week, and a party of 148 younger children had a fortnight from the 21st August to the 4th September, 1959. Dr. Fidler, Senior Medical Officer, attended and with the help of some of the staff of the special training schools and voluntary helpers, ensured that all were under proper care and supervision during their stay.

(vii) *Staff training scheme*.—The first in-service training course for teachers in special training schools is now in its second year and will be completed next June. During the current year students have visited many of the Education Department's special schools, e.g., schools for the deaf and physically handicapped as these further handicaps are often met with in the teaching of severely subnormal children. Some of the students have also spent a week at Swaylands residential school for subnormal boys. Visits have also been made to other establishments including the experimental unit at Reigate run by the Medical Research Council who are enquiring into the educability of severely subnormal children. The Ellen Terry school for blind defectives has also been visited. Lectures have included language development, physical education and dancing, child development, administration, and teaching methods. Again we have been particularly fortunate in acquiring the services of eminent persons

in the field of mental deficiency. Two of the lecturers, Dr. Moss and Dr. Lyle, have now gone to America, and their replacement as lecturers on the course will be no easy matter.

The training course has so far been very successful, and students are most appreciative of the opportunity to have a proper training for their task. The value of the course is also showing itself in the increased efficiency of the students in their work in the schools and there is no doubt that the education and training programmes in the schools are of a higher standard than they were eighteen months ago.

(viii) *Projects in hand*

(a) *Special care units.*—The first special care unit was opened at the Hanworth special training school in 1957 and continued, in 1959, to be of great value as a means of providing for some types of children in the community who are not otherwise able to attend a special training school. With the specialised attention and care available in the special care unit they are able to benefit and to make some improvement as a result of individual treatment, habit training, &c. Parents benefit in their turn by the few hours daily relief from the strain of the constant care and attention the children need in their homes.

Two more such units have been in preparation during the year and both will be in use by the middle of 1960. Work is now proceeding in the Hillingdon special training school premises and will accommodate from 12–15 children when completed. In the premises of the Waverley Road special training school, the special care unit work is now well ahead and will provide for 12–15 children. The Enfield Society for Mentally Handicapped Children has kindly offered to contribute an amount of £1,000 towards the construction of this unit, half of this sum being handed over in advance of completion.

(b) *Re-opening of Bassishaw Hall, Edmonton, as temporary practical training centre.*—As a temporary measure, preparations were in hand for use as a mixed practical training centre pending the opening of a purpose-built centre for this part of the county. The Bassishaw Hall premises were previously used for the Edmonton special training school, which was transferred to the new Waverley Road special training school, at the latter part of 1957. As reported on many occasions previously, it has been most difficult to find any premises in this part of the county which could be used as a practical training centre. The need continues to grow for the service and, as these premises were still available, it was decided to utilise them for the time being. It is anticipated that a practical training centre can be opened there in January, 1960, for 40 adults (male and females). Similar work will be carried out and the same type of training given to the patients as at the other practical training centres reported on earlier in this report.

(c) *Hanworth Special Training School, Assembly Hall.*—Building work is well in hand for the erection of the assembly hall at this school (for which the Twickenham and District Society for Mentally Handicapped Children are providing a substantial part towards the cost). It is anticipated that it will be completed in 1960, when it will be a welcome asset as a dining room, play room for wet weather and for classes in physical activities.



## CIVIL DEFENCE AMBULANCE AND CASUALTY COLLECTING SECTION

In time of emergency, the Civil Defence Ambulance Section would be integrated with the regular ambulance service to form an expanded Civil Defence Ambulance Service. The County Medical Officer has been designated the officer-in-charge of the ambulance service which the County Council is required to provide in exercise of its Civil Defence powers. The Senior Ambulance Officer, Mr. F. Hannan, has submitted the following report upon the progress of the service during the year under review:—

The year 1959 has been in general a period of continuation of the training of Ambulance and Casualty Collecting Section volunteers in accordance with the 1958 syllabus. This training was well attended by members of the section for whom a total of some 2,132 classes were arranged during the year.

Recruiting figures for the year continued to show that recruitment almost matched the loss of volunteers removed from training returns as non-active. With an opening strength of 2,869 volunteers out of an authorised establishment of 2,898 the year closed with a total active strength of 2,656 volunteers in the Section. Before the end of the year the establishment of volunteers for the Section was raised to 5,770 as part of the plan for the reorganisation of the Section. It is hoped that a strenuous campaign in 1960 will succeed in bringing recruits into the section in larger numbers to close the gap created by the revised establishment.

A new scheme of training at peace-time ambulance depots for members of the section was introduced during 1959. Under this scheme members of the section attended at peace-time depots for practical training as a class receiving instruction from a member of the peace-time service trained as a Civil Defence instructor. Members who attended this form of training found the practical instruction varied and interesting. The scheme which is permissive, is designed as complementary to local training and wherever desired and willing local volunteer instructors can take over and use depot facilities in the advancement of Civil Defence training.

Opportunity was taken during the year to accept all vacancies offered at Home Office Civil Defence Training Schools for Instructor and Officer Courses. A total of six attended these courses.

Driving tuition for learner-drivers was not undertaken during the year but a limited amount of practice driving on ambulances was carried out by Sub-divisions. The scheme of conversion courses for new entrants who hold current driving licences continued to produce additional ambulance drivers.

Arrangements were made during the year to equip a number of casualty collecting vehicles which were afterwards positioned at peace-time depots for use in training by local Sub-divisions. It is anticipated that these could also be deployed to form useful reserve equipment dumps of stretchers and blankets at any peace-time disaster.

Particular attention was paid to the encouragement of volunteers in the faking of casualties. The degree of perfection with which casualty faking was carried out assisted considerably in preparing volunteers for the type of serious injuries they are likely to meet in time of war. The Middlesex Branch of the

British Red Cross Society kindly provided the free services of casualty first aid experts for the purpose of giving instruction to members of the Section in the Sub-divisions of Barnet, Ealing and Sunbury.

Members of the Acton Sub-division formed the Ambulance and Casualty Collecting Section part of the team from Middlesex which qualified as the North-West Sub-Region champions to enter the Regional Finals for the National Civil Defence Competition. The "St. John Trophy" was awarded to Middlesex for the best team in first aid for the whole of the competition.

## **PUBLIC HEALTH ACT, 1936**

### **Nursing Homes**

Forty homes were registered at the end of the year 1959.

Six hundred and twenty-one places were available in these homes, including fifteen for maternity patients (as against 657 and 28 in 1958).

Seven homes exempted from registration provided 634 beds, including 20 for maternity cases.

Approximately 160 routine inspections were carried out by area health staff, and four special visits by a principal medical officer.

The Fire Prevention Officer's staff carry out an annual inspection of all registered nursing homes, subsequently making a report to the Clerk of the County Council who, after consultation with the Health Department, draws the keeper's attention to any fire precautions which need to be taken.

## **NATIONAL ASSISTANCE ACT, 1948**

Eighty-five routine visits of inspection were made to Welfare Department Homes by area medical staff, including one special visit by a principal medical officer. Reports of these visits indicating any defects in health matters and improvements thought necessary were submitted to the Chief Welfare Officer.

## **NURSES AGENCIES ACT, 1957**

Five agencies are registered in the County.

Four visits were made by a principal medical officer with an inspector from the Public Control Department. These establishments were found to be satisfactory.

A visit was paid in November, 1959, to certain premises where it was the intention of the owner to provide sleeping quarters for a number of nurses, and also to interview prospective nurses for employment. The principal medical officer reported that toilet and washing facilities were inadequate for the proposed number of nurses.

## **STAFF—OCCUPATIONAL HEALTH**

A wide variety of medical problems constantly arise in connection with staff, and as a result a staff health service on a limited scale has gradually developed. This aspect of the work of the department has grown steadily



over the past 10 years and it is evident that a staff health service for Local Government employees to deal with all aspects of occupational health is just as necessary and important as in the case of any large industrial organisation.

This side of the work of the Health Department is under the control of Dr. J. F. Macgregor, Principal Medical Officer, who is also responsible for the administration of the care and after care services. This has proved a convenient combination of duties because of the obvious relationship between occupational health problems and the considerable variety of arrangements for the rehabilitation and welfare of sick and disabled persons.

The County Council now employs approximately 43,000 staff, engaged in many different types of work. They are widely dispersed throughout the County, and therefore, it is impracticable to develop a health service for the staff on the same lines as in an industrial concern where the employees are centred in one building or factory. Nevertheless, the medical problems to be dealt with are essentially the same.

In addition to routine medical examinations or medical assessment of staff on appointment, it has become necessary to have an occupational health advisory service and this has gradually been developed with the main objects of providing—

- (a) advice to heads of departments on employees who have been absent from work for some considerable time or have a poor sick record, and
- (b) general supervision of environmental working conditions and advising on selective placement where this is practicable.

In 1948 the control of the Council's hospitals passed to Regional Hospital Boards and as a result the County Council lost a well developed service which had previously dealt with the medical examination of staff and also made readily available the services of various specialists when necessary.

The present occupational and advisory health service for staff includes the following arrangements:—

(1) *Pre employment medical assessment*

This is based on the information provided by candidates on a detailed medical questionnaire, together with a full medical examination in selected cases, or for those engaged in special types of employment, *e.g.*, firemen and ambulance driver-attendants.

During 1959, 7,788 medical assessments were carried out and of these 1,130 had a full medical examination. This selective method of medical assessment for appointment to the service has proved to be very satisfactory and has resulted in a great saving in the time of medical officers and nurses. This is all the more necessary since there is a regular turnover each year of close on 20 per cent. of all County Council employees, amounting to between 7,000 and 8,000 each year. A great many of these are domestic and manual staff, including many part-time employees.

(2) *Special examinations and reports*

During 1959, some 900 requests were received from heads of departments for medical reports and advice on members of the staff. These requests were for the following reasons:—

- (a) absence on account of sickness or injury,
- (b) retirement on the grounds of ill health,
- (c) reports and information in connection with legal actions against the County Council,
- (d) annual review of visual standards of all drivers of County Council vehicles,
- (e) annual review of all fire service pensioners and special reports on firemen under the Firemen's Pension Scheme.

Other requests were made for the following reasons:—

- (f) in connection with the fitness of applicants to hold a driving licence,
- (g) acceptance for appointment to the Council's superannuation scheme of employees from other Authorities with whom the County Council has made an admission agreement.

The preparation of these reports invariably calls for consultation and discussion with family practitioners and hospital specialists and it has proved desirable for this branch of the work to be dealt with centrally by one principal medical officer.

### (3) *Supervision of working environment*

It is just as important that there should be good working conditions in offices as in factories and it now appears that the recommendations in the Gowers Report (1949) will be implemented by the Offices Bill now before Parliament.

Good working conditions promote positive health and make for a low sickness incidence.

At present schools and school kitchens and canteens are inspected regularly by area health staff. Careful supervision of all food handlers is necessary to minimise the risk of outbreaks of food poisoning and all food handlers in County establishments are under the surveillance of trained staff. They have all been issued with a pamphlet on "Personal Rules for Kitchen Hygiene."

Occupational diseases and industrial injuries are encountered among Local Authority staff just as in an industrial organisation. Dermatitis is not uncommon in nurses arising from handling antibiotics and measures have to be taken to ensure that contact of the skin with these substances is avoided as far as possible.

Amongst cleaners and kitchen staff, misuse or careless handling of detergents and various cleansing materials result in dermatitis which can be a cause of lengthy or frequent sick absence. Instructions have been issued to all staff on the precautions to be taken in the handling of these substances and general advice is given on the care of the skin to this large group of employees.

All staff such as nurses, health visitors, home helps and others working with tuberculous patients are kept under regular supervision and have a periodic x-ray of chest.

### (4) *First aid arrangements*

Arrangements for the provision of first aid treatment for staff is generally satisfactory.



The County Council has approved of all establishments, including offices, schools, school kitchens, canteens, etc., being issued with a first aid outfit which is in charge of an officer qualified to give first aid. Heads of establishments have been requested to encourage staff when necessary to become so qualified and volunteer to be in charge of the first aid outfit. Courses on first aid are fairly readily available in most areas through the St. John Ambulance Brigade and the British Red Cross Society.

(5) *Recording of sickness absence amongst employees*

Careful consideration has been given to this and it has now been decided to make a limited start amongst the centrally controlled staff of the health department. From the result of this pilot survey it is hoped to form an estimate of the advantage of extending the record of sick absence to other departments.

INSPECTION AND SUPERVISION OF FOOD

MILK PRODUCTION AND DISTRIBUTION

The administrative County of Middlesex is an area within which only sterilised, pasteurised, or tuberculin tested milk may be retailed.

At the end of 1959, 78 dairy farmers and dairy farms were registered with the Ministry of Agriculture, Fisheries and Food under the Milk and Dairies (General) Regulations, 1959. (These Regulations revoked the Milk and Dairies Regulations, 1949.) The number of attested herds in Middlesex at the end of 1959 was 176, 63 more than in 1958. Nine “Tuberculin Tested” licences were issued and eleven renewed during the year making a total of 75 in operation at 31st December, 1959.

Twenty four Dealers (Pasteurisers) licences and three Dealers (Sterilisers) licences were issued by the County Council in its capacity as Food and Drugs Authority during the year under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949–1953.

The sampling of milk under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949–1953 is in the hands of the Public Control Department of the County Council. Premises were regularly inspected by the officers of the Public Control Department; 241 visits were made and 1,233 samples of the heat treated milk procured and submitted to testing for keeping quality and adequacy of heat treatment. Only four of these were unsatisfactory. The following table sets out the results obtained from samples taken during the period 1st January to 31st December, 1959.

Description. (1)	Passed. (2)	Failed. (3)	No Test applied. (4)	Number examined. (5)
Pasteurised and tuberculin tested pasteurised—				
Phosphate test .. .. .	1,115	3	—	1,118
Methylene blue test .. .. .	917	1	200	
Sterilised—				
Turbidity test .. .. .	115	—	—	115
Total ..				1,233

Another important aspect of the work carried out in connection with milk production is the sampling of milk for the purpose of examination for the presence of tubercle bacilli. The relevant statistics for the past ten years are as follows:—

Year.	Number of samples for which a definite result was obtained.	Number containing live tubercle bacilli.	Percentage of tubercle infected milk.
(1)	(2)	(3)	(4)
1950 .. .. .	384	3	0·8
1951 .. .. .	384	3	0·8
1952 .. .. .	385	3	0·8
1953 .. .. .	384	7	1·8
1954 .. .. .	384	7	1·8
1955 .. .. .	384	4	1·0
1956 .. .. .	364	3	0·8
1957 .. .. .	373	4	1·1
1958 .. .. .	346	1	0·3
1959 .. .. .	336	—	—

The routine inspection of Middlesex herds is carried out by veterinary officers of the Ministry of Agriculture, Fisheries and Food. Information regarding inspections and tuberculin tests is furnished by the Divisional Veterinary Officer. Figures for the past six years are as follows:—

Year.	Number of clinical examinations of bovine animals.	Number found in which tuberculosis was suspected.	Number slaughtered under Tuberculosis Order 1938.	Number in which diagnosis was not confirmed.
(1)	(2)	(3)	(4)	(5)
1954 .. .. .	3,129	7	5	2
1955 .. .. .	4,204	4	4	—
1956 .. .. .	3,825	4	4	—
1957 .. .. .	2,798	2	2	—
1958 .. .. .	3,192	—	—	—
1959 .. .. .	2,742	—	—	—

It is gratifying to note that not a single case of tuberculosis was discovered during the year among dairy cattle, either by examination of milk samples or as a result of the clinical examination of herds. This undoubtedly reflects the benefit of the vigorous policy of attestation which has been carried out in Middlesex where all but one of the registered herds are now attested.

#### SALE OF FOOD AND DRUGS

For the following information I am indebted to Mr. J. A. O'Keefe, B.Sc.(Econ.), LL.B., Barrister-at-Law, the Chief Officer of the County Council's Public Control Department.

*Food and Drugs Act, 1955*—During the year, 1,670 samples of food and drugs were procured and submitted to the County Analyst, and a further 905 to physical examination by the officers of the Public Control Department.



Of those submitted to the County Analyst, 164 were reported to be unsatisfactory; these included 19 samples of milk, 23 of meat and meat products, 16 of cheese and 13 flour confectionery. The majority of the unsatisfactory milk samples were new milk below the presumptive standard of composition for this food. As in previous years this was due to milk of low quality being given by herds of cows. The unsatisfactory meat and meat products samples were mainly due to the unlawful presence of preservative in minced beef. The cheeses consisted in the main of Continental packs which did not comply with our standards, and the flour confectionery samples of so-called "cream cakes" which contained a filling of imitation cream.

Of the samples examined by officers of the Public Control Department, 46 were unsatisfactory. These were largely natural foods, such as plums, pears and oranges, which were misdescribed as to their nature or variety, or foods in which foreign matter was found.

The procuring of samples in the County is based on a system of careful selection and to this end preliminary examinations of food and drugs are made within the Public Control Department; the results obtained materially assist in selecting those samples which should be procured and submitted to the County Analyst. During the year 6,757 such preliminary examinations were made disclosing 165 unsatisfactory articles requiring further investigation.

In 1959, 32 summonses were issued in respect of offences under the Food and Drugs Act, 1955, compared with 28 in the preceding year. These were in respect of "cream cakes" containing imitation cream, tinned prune plums misdescribed as Victoria plums, fresh plums of Giant Prune and Monarch varieties misdescribed as Victoria plums, beef and minced beef and steak and kidney containing added preservative, vinegar deficient in acetic acid, and spirits containing added water. Fines imposed totalled £146, and costs £98.

In addition to the 32 infringements in respect of which proceedings were instituted, there were 46 cases where the County Council sent an official letter of caution to the alleged offenders; where minor infringements were detected, warnings were issued from the Public Control Department.

*Merchandise Marks Acts, 1887-1953.*—The main body of enforcement work necessary under the above Acts is in relation to the provisions of Orders made under the Merchandise Marks Act, 1926; these Orders prescribe the manner in which certain imported foods must be marked with an indication of origin when exposed for sale or sold.

During the year 5,042 premises were visited and 17,546 separate displays of imported meat, apples, tomatoes, poultry, etc., were examined. A total of 103 serious infringements were detected, summonses being issued in 83 instances and official cautions being sent to the alleged offenders in the remaining 20 instances. As in previous years, the majority of offences arose from failures to comply with the Order relating to the marking of imported meat and edible offals. The total fines and costs imposed amounted to £83 11s. 0d.

There were 16 prosecutions in respect of the application of false trade descriptions to goods offered for sale. These were in respect of false declarations of weight to potatoes, carrots, meat and confectionery and a false declaration of measure to milk (each in respect of sales outside the scope of the Weights and

Measures Acts); Cypriot grapefruit described as "Jaffas," Argentine meat described as "English," "New Zealand" and "Prime Scotch," Dutch tomatoes described as "English," a false declaration of origin applied to tea, and eggs misdescribed as to grade. In respect of these cases the total fines were £229 and the costs awarded £69 4s. od.

*Labelling of Food Order, 1953.*—This order requires pre-packed food to be marked with the name and address, or with the registered trade mark, of the packer or labeller. It also required such food to be labelled with its common or usual name (if any) and with the names of the ingredients of a compounded food. It also controls the manner in which the presence of vitamins and minerals is disclosed and prescribed specific labelling for certain foods.

Visits were made to 3,139 premises where 15,321 packets of food were examined to see whether there was full compliance with the provisions of this Order. Only minor labelling irregularities were disclosed and these were all dealt with by corresponding with the person responsible, who, in every case, took immediate action to effect the necessary corrections. Instances of these were the omission of a name and address, omission of a statement of ingredients, omission of a statement of weight, the obscuration of the vital description "spread" on a cheese spread, relevant details marked only in a foreign language and in other cases marked in inconspicuous lettering and the omission of the required designation "Saithe" to a pack of German "Seelach," which translates literally as "Sea Salmon." One manufacturer was advised on the necessity for marking the specific information required where vitamin claim was made.

*False and Misleading Descriptions and Advertisements.*—As in previous years food advertisements and labels have been scrutinised for false or misleading statements and descriptions. Much of this scrutiny of food labels can be combined with inspection work under the Labelling of Food Order. No serious infringements were disclosed. Corrective action was secured in relation to the description "County Butter" in respect of a blend of imported butters, the use of the Continental term for the expression of a fat content as "I.D.M." meaning "On the dry matter," whole milk cheese (accepted as "Cream Cheese" on the Continent) described as "Cream Cheese," a "Seedless Fig Bar" containing crushed seeds, imported raspberry and cherry syrups labelled as raspberry and cherry juices, and a confection claiming to be a "delicious combination of treacle, butter and sugar" which contained in addition a vegetable oil. Claims as to slimming properties for lemon juice were contested, in some cases corrected, and in other cases technical arguments continue. Extravagant claims for medical remedies were challenged and the advertisements withdrawn. A number of other similar misleading labels were also dealt with and correction secured. One such correction was the removal of the term "NON-FLAM" from a spirit cleaner which owing to the evaporation of the non-inflammable portion of the mixture had reverted to an inflammable condition.

## MAIN DRAINAGE

I am indebted to Mr. C. B. Townend, C.B.E., B.Sc., M.Inst.C.E., Chief Engineer of the Main Drainage Department for the following information relating to the main drainage services provided by the County Council during 1959.



The expansion and development of the main drainage services in Middlesex has continued throughout 1959.

In West Middlesex, the major programme of extensions at Mogden Works and Perry Oaks Works estimated to cost £1,400,000 has continued, although progress has not been quite so rapid as was hoped due to shortage of technical and design staff on the one hand, coupled with labour difficulties experienced by contractors on the other. Nevertheless, it is expected that the work will be largely completed by the end of 1960 when the plant will be capable of serving a population of 1,500,000.

Considerable progress has been made in the development by the Department's staff of process techniques, of electronic density measurement of sludges, and of improved machines for various stages of operational procedure leading to increased efficiency and reduction of labour costs.

Laboratory equipment has been installed for the estimation of radio-activity in sewage and trade effluents, and a monitoring service has been initiated.

In East Middlesex the construction of the main trunk sewers and the new purification works at Deephams has continued.

By the end of 1959 about 10 miles of new trunk sewers were in commission, and three sewage works previously operated by the district councils of Cheshunt, Hatfield, and Waltham Holy Cross have been shut down, the sewage being diverted to the first stage of the new purification plant at Deephams. In addition, relief has been given to the local works of the Enfield and Chingford Corporations by accepting part of the flows with which they were unable to deal because of overloading.

## VISITORS

Although the Tottenham Rehabilitation and Sheltered Workshop for tuberculous men continued to be the main attraction to overseas visitors an increasing number of visits were made to various mental health services both by overseas visitors, staff and members of other local authorities and university students. Visits were also made to dental clinics and laboratories, day nurseries, infant welfare clinics and to the health control unit at London Airport.

During the past year the Health Education Officer has received visitors from several foreign countries. All of them have been enquiring about the work of health education carried out in the County and have been put in the picture as far as the present development and future forecast of this work is concerned. They have been able, at times, to attend lectures which the Health Education Officer has given to outside organisations and the training course organised for the health visitors. This liaison with students from foreign countries is rewarding and helpful and is indeed a two way traffic of information.

Visitors from overseas came from British Guiana, Ceylon, Cyprus, Egypt, Germany, Hong Kong, India, Irak, Kenya, Korea, Nigeria, South Africa, Southern Rhodesia, Sudan, Thailand, Turkey and Yugoslavia.

## APPENDIX

## STAFF

*County Medical Officer of Health and Principal School Medical Officer:*

A. C. T. Perkins, M.C., M.D., B.S., D.P.H.

*Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:*

G. S. Wigley, M.R.C.S., L.R.C.P., D.P.H.

*Principal Medical Officers:*

Mental Health Service	..	P. A. Bennett, M.B., Ch.B.
Care and After Care Service		J. F. Macgregor, L.R.C.P., L.R.C.S., D.P.H.
School Health Service	..	Mrs. E. J. Madeley, M.B., Ch.B., D.P.H., D.M.R. & E.
Maternity and Child Welfare Service		Mrs. A. P. Whitfield, M.B., B.S., M.R.C.S., L.R.C.P.

These are the primary duties of the Principal Medical Officers but they carry out other duties including deputising for one another.

*Chest Physicians:*

(Joint appointments by County Council and Regional Hospital Boards.)

P. E. Baldry, M.B., B.S., M.R.C.P.	R. Grenville-Mathers, M.A., M.D., M.R.C.P., F.R.F.P.S.
Miss B. A. Butterworth, M.B., M.R.C.P., M.R.C.S.	J. T. Nicol-Roe, M.D., Ch.B., D.P.H.
J. Vernon Davies, M.D., M.B., B.S., M.R.C.P.	C. H. C. Toussaint, M.R.C.S., L.R.C.P., D.P.H.
R. Heller, M.D.	H. J. Trenchard, M.B., Ch.B., M.R.C.P., D.M.R.(D.).
H. Climie, M.D., Ch.B., D.P.H.	
T. A. C. McQuiston, M.D., M.B., D.P.H.	

*Chief Dental Officer and Principal  
School Dental Officer:*

J. V. Bingay, M.B.E., L.D.S.R.C.S.

*Senior Medical Officer—  
Mental Health:*

Miss R. D. Fidler, M.R.C.S., L.R.C.P.,  
D.P.H.

*Senior Medical Officer—London Airport:*

P. R. Cooper, M.A., B.M., B.Ch., M.R.C.S., L.R.C.P., D.T.M., D.P.H.

*Special Services Almoners:*

Miss D. Myer.  
Mrs. M. E. Seager (Part-time). Resigned 30.6.59.  
Mrs. R. M. Cass (Part-time).  
Mrs. P. Ricketts (Whole-time). Appointed 6.7.59.  
Mrs. M. E. Bramall (Part-time). Appointed 16.11.59.

*Rehabilitation Workshops—Tottenham:*

Supervisor/Instructor—W. R. Osment



Mother and Baby Homes :

*Amherst Lodge, Ealing.*—Matron—Mrs. E. M. Craddock, S.R.N.  
*Belle Vue, Willesden.*—Matron—Miss M. M. Fraser, S.R.N., S.C.M.  
*Guilford House, Friern Barnet.*—Matron—Miss W. M. Byford, S.R.N., S.C.M.  
*Red Gables, Hornsey.*—Matron—Miss M. K. Hopkins, S.R.N.

Area	Area Medical Officers :	Area Dental Officers :
No. 1	W. D. Hyde, M.B., Ch.B., D.P.H.	E. Underhill, L.D.S.R.C.S.
No. 2	W. C. Harvey, M.D., D.P.H.	G. S. Williams, L.D.S.R.C.S.
No. 3	G. Hamilton Hogben, M.R.C.S., D.P.H.	V. Sainty, L.D.S.R.C.S.
No. 4	Miss K. M. Bodkin, M.R.C.S., L.R.C.P., D.P.H.	K. C. B. Webster, L.D.S.R.C.S.
No. 5	Caryl Thomas, M.D., B.Sc., D.P.H., Barrister-at-Law.	A. G. Brown, L.D.S.R.C.S.
No. 6	E. Grundy, M.D., D.P.H. S. Leff, M.D., D.P.H., Barrister- at-Law.	Miss W. Hunt, L.D.S.R.F.P.S. (Glas.).
No. 7	W. G. Booth, M.D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. G. E. B. Payne, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.	L. C. Mandeville, L.D.S.R.C.S.
No. 8	O. C. Dobson, M.D., D.P.H., D.P.A., Barrister-at-Law.	G. M. Davie, L.D.S.R.F.P.S. (Glas.).
No. 9	A. Anderson, M.D., D.P.H.	O. H. Norman, L.D.S.R.C.S., B.D.S.
No. 10	J. Maddison, M.D., D.P.H.	G. H. Tucker, L.D.S.R.C.S.

County Council Establishments of:—

Area Medical Officers	..	..	..	..	..	..	..	10
Deputy Area Medical Officers	..	..	..	..	..	..	..	10
Senior Assistant Medical Officers	..	..	..	..	..	..	..	12
Assistant Medical Officers	..	..	..	..	..	..	..	86
Senior Airport Medical Officer	..	..	..	..	..	..	..	1
Airport Medical Officers	..	..	..	..	..	..	..	5
Airport Nurses	..	..	..	..	..	..	..	7
Airport Clerk/Receptionists	..	..	..	..	..	..	..	11
Area Dental Officers	..	..	..	..	..	..	..	10
Orthodontists	..	..	..	..	..	..	..	13
Dental Officers	..	..	..	..	..	..	..	96
Dental Attendants	..	..	..	..	..	..	..	132
Area Superintendent of Home Nurses and Non-Medical Supervisor of Midwives	..	..	..	..	..	..	..	10
Deputy Area Superintendent of Home Nurses and Non-Medical Supervisor of Midwives	..	..	..	..	..	..	..	7

District Midwives .. .. .	146
Home Nurses .. .. .	306
Area Superintendent Health Visitors .. .. .	10
Health Visitors and School Nurses .. .. .	357
Tuberculosis Visitors .. .. .	44
Home Help Organisers .. .. .	10
Assistant Home Help Organisers.. .. .	17
Home Helps .. .. .	1,250
Chest Clinic Welfare Officers .. .. .	10
Chest Clinic Assistant Welfare Officers .. .. .	7
Psychiatric Social Workers .. .. .	8
Mental Welfare Officers .. .. .	26
Lady Supervision Officers .. .. .	5
Special Training School Supervisors .. .. .	9
Special Training School Assistant Supervisors .. .. .	42
Practical Training Centre Supervisor/Instructor .. .. .	2
Practical Training Centre Deputy Supervisor/Instructor .. .. .	1
Practical Training Centre Assistant Instructor .. .. .	9

STATISTICS

In some of the following statistical tables, separate figures are given for each of the ten administrative health areas. For the convenience of readers a list is given below of the county districts comprising each area.

- Area 1. Edmonton; Enfield.
- Area 2. Friern Barnet; Potters Bar; Southgate; Wood Green.
- Area 3. Hornsey; Tottenham.
- Area 4. Finchley; Hendon.
- Area 5. Harrow.
- Area 6. Wembley; Willesden.
- Area 7. Acton; Ealing.
- Area 8. Hayes & Harlington; Ruislip-Northwood; Uxbridge, Yiewsley & West Drayton.
- Area 9. Brentford & Chiswick; Heston & Isleworth; Southall.
- Area 10. Feltham; Staines; Sunbury; Twickenham.



Statistical Tables

TABLE I  
ACREAGE AND POPULATION

Boroughs and Urban Districts.  (1)	Acreage. (a)  (2)	Census population. (b)			Registrar General's estimated home population, June, 1959 (6)	Number of separately rated dwellings, 1st April, 1959 (7)	Average number of persons per dwelling. (8)
		1921. (3)	1931. (4)	1951. (5)			
Acton (Borough)	2,319	60,817	70,008	67,471	64,800	18,593	3·5
Brentford and Chiswick (Borough) ..	2,332	58,499	63,217	59,367	56,970	16,110	3·5
Ealing (Borough)	8,781	90,312	116,771	187,323	182,700	53,114	3·4
Edmonton (Borough) ..	3,895	66,807	77,658	104,270	94,420	27,769	3·4
Enfield (Borough)	12,399	60,464	67,752	110,465	109,700	32,717	3·4
Feltham .. ..	4,925	11,394	16,066	44,861	51,750	14,218	3·6
Finchley (Borough) ..	3,478	46,628	59,113	69,991	68,920	20,434	3·4
Friern Barnet ..	1,340	17,137	22,715	29,163	28,660	8,032	3·6
Harrow (Borough)	12,555	49,020	96,656	219,494	213,700	64,284	3·3
Hayes and Harlington ..	5,159	9,042	22,969	65,596	68,670	19,685	3·5
Hendon (Borough)	10,369	57,566	115,640	155,857	151,500	44,781	3·4
Heston and Isle- worth (Borough)	7,218	47,463	76,254	106,847	105,000	30,311	3·5
Hornsey (Borough)	2,872	87,632	95,416	98,159	96,430	24,201	4·0
Potters Bar ..	6,129	3,222	5,720	17,172	22,750	6,940	3·3
Ruislip- Northwood ..	6,583	9,112	16,035	68,288	75,330	22,003	3·4
Southall (Borough) ..	2,608	30,165	38,839	55,896	52,900	14,594	3·6
Southgate (Borough) ..	3,765	39,525	56,063	73,377	70,680	22,373	3·2
Staines .. ..	8,271	17,060	21,336	39,995	47,910	13,792	3·5
Sunbury .. ..	5,609	9,902	13,449	23,394	29,710	8,886	3·3
Tottenham (Borough) ..	3,013	146,726	157,667	126,929	116,100	29,798	3·9
Twickenham (Borough) ..	7,014	69,948	79,299	105,663	103,600	30,201	3·4
Uxbridge (Borough) ..	10,240	20,626	31,887	55,960	63,730	17,449	3·7
Wembley (Borough) ..	6,294	18,239	65,799	131,384	126,300	38,757	3·3
Willesden (Borough) ..	4,634	165,742	185,025	179,697	172,800	43,810	3·9
Wood Green (Borough) ..	1,606	50,791	54,308	52,228	48,520	14,265	3·4
Yiewsley and West Drayton	5,276	9,163	13,066	20,468	23,450	6,547	3·6
THE COUNTY ..	148,688	1,253,002	1,638,728	2,269,315	2,247,000	643,664	3·5

NOTES:—

(a) The district acreages are given to the nearest whole number, consequently the aggregate does not equal that for the County as a whole.

(b) All the census populations have been adjusted to relate to the districts as constituted in 1951.

TABLE 2  
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE  
COUNTY OF MIDDLESEX, 1959

Causes of Death.	All Ages.	0—	1—	5—	15—	25—	45—	65—	75—
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1. Tuberculosis—respiratory ..	116	—	—	—	1	13	48	31	23
2. Tuberculosis—other .. ..	11	—	—	—	—	2	1	3	5
3. Syphilitic disease .. ..	48	—	—	—	—	1	16	18	13
4. Diphtheria .. ..	—	—	—	—	—	—	—	—	—
5. Whooping cough .. ..	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ..	3	—	2	—	—	—	—	1	—
7. Acute poliomyelitis .. ..	7	—	—	—	2	5	—	—	—
8. Measles .. ..	2	—	—	2	—	—	—	—	—
9. Other infective and parasitic diseases .. ..	53	1	—	3	1	11	23	6	8
10. Malignant neoplasm—stomach .. ..	615	—	—	—	—	19	204	191	201
11. Malignant neoplasm—lung, bronchus .. ..	1,267	—	—	—	—	38	664	400	165
12. Malignant neoplasm—breast	521	—	—	—	—	35	243	123	120
13. Malignant neoplasm—uterus	184	—	—	—	—	11	83	45	45
14. Other malignant and lymphatic neoplasms ..	2,352	1	4	9	22	116	801	652	747
15. Leukaemia aleukaemia ..	126	1	6	8	5	11	41	24	30
16. Diabetes .. ..	135	—	—	1	—	3	31	41	59
17. Vascular lesions of nervous system .. ..	2,808	—	—	—	1	33	458	706	1,610
18. Coronary disease, angina	4,126	—	—	—	2	82	1,250	1,300	1,492
19. Hypertension with heart disease	597	—	—	—	—	6	77	171	343
20. Other heart disease .. ..	2,642	—	—	2	9	54	269	432	1,876
21. Other circulatory disease ..	1,238	2	1	1	4	29	234	270	697
22. Influenza .. ..	371	1	1	2	3	22	77	94	171
23. Pneumonia .. ..	1,405	63	9	4	7	27	163	293	839
24. Bronchitis .. ..	1,423	17	3	—	2	4	322	454	621
25. Other diseases of the respiratory system .. ..	225	4	2	4	2	6	74	74	59
26. Ulcer of stomach and duodenum .. ..	247	1	—	—	—	5	77	60	104
27. Gastritis, enteritis and diarrhoea	112	2	2	3	2	7	24	24	48
28. Nephritis and nephrosis ..	124	—	—	1	3	17	42	33	28
29. Hyperplasia of prostate ..	142	—	—	—	—	—	8	40	94
30. Pregnancy, childbirth, abortion	13	—	—	—	4	9	—	—	—
31. Congenital malformations ..	179	113	12	10	3	12	20	8	1
32. Other defined and ill defined diseases .. ..	1,806	419	14	22	21	74	353	320	583
33. Motor vehicle accidents ..	269	—	3	12	60	46	61	34	53
34. All other accidents .. ..	466	14	11	16	22	48	89	68	198
35. Suicide .. ..	271	—	—	—	12	67	109	56	27
36. Homicide and operations of war .. ..	15	1	2	1	1	6	2	1	1
All causes .. ..	23,919	640	72	101	189	819	5,864	5,973	10,261
Proportionate age group mortality	100	2·7	0·3	0·4	0·8	3·4	24·5	25·0	42·9



TABLE 3  
VITAL STATISTICS, 1959—HEALTH AREAS

Health Areas.	Home population.	Births registered.									Crude live birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Health Areas.
		Live.			Still.			Total.									
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Area 1 .. ..	204,120	2,650	110	2,760	45	4	49	2,695	114	2,809	13.5	17.4	2,142	10.5	59	21.4	Area 1
Area 2 .. ..	170,610	2,143	97	2,240	41	5	46	2,184	102	2,286	13.1	20.1	2,169	12.7	49	21.9	Area 2
Area 3 .. ..	212,530	3,203	280	3,483	50	4	54	3,253	284	3,537	16.4	15.3	2,539	11.9	85	24.4	Area 3
Area 4 .. ..	220,420	2,758	139	2,897	44	9	53	2,802	148	2,950	13.1	18.0	2,438	11.1	57	19.7	Area 4
Area 5 .. ..	213,700	2,803	128	2,931	41	2	43	2,844	130	2,974	13.7	14.5	2,078	9.7	44	15.0	Area 5
Area 6 .. ..	299,100	4,547	430	4,977	65	11	76	4,612	441	5,053	16.6	15.0	3,033	10.1	89	17.9	Area 6
Area 7 .. ..	247,500	3,488	245	3,733	45	6	51	3,533	251	3,784	15.1	13.5	2,733	11.0	65	17.4	Area 7
Area 8 .. ..	231,180	3,505	120	3,625	65	3	68	3,570	123	3,693	15.7	18.4	1,919	8.3	65	17.9	Area 8
Area 9 .. ..	214,870	2,648	182	2,830	35	5	40	2,683	187	2,870	13.2	13.9	2,388	11.1	60	21.2	Area 9
Area 10 .. ..	232,970	3,518	129	3,647	50	5	55	3,568	134	3,702	15.7	14.9	2,480	10.6	67	18.4	Area 10
THE COUNTY ..	2,247,000	31,263	1,860	33,123	481	54	535	31,744	1,914	33,658	14.7	15.9	23,919	10.6	640	19.3	THE COUNTY





TABLE 4  
VITAL STATISTICS, 1959—SANITARY DISTRICTS

Sanitary district.	Home population.	Births registered.									Crude live birth rate per 1,000 home population.	Birth comparability factor.*	Adjusted live birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Death comparability factor.*	Adjusted death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Sanitary district.
		Live.			Still.			Total.													
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Acton .. .. .	64,800	953	86	1,039	11	2	13	964	88	1,052	16·0	0·95	15·2	12·4	751	11·6	1·02	11·8	20	19·2	Acton.
Brentford and Chiswick ..	56,970	739	73	812	11	1	12	750	74	824	14·3	0·95	13·6	14·6	600	10·5	1·00	10·5	22	27·1	Brentford and Chiswick.
Ealing .. .. .	182,700	2,535	159	2,694	34	4	38	2,569	163	2,732	14·7	0·97	14·3	13·9	1,982	10·8	1·08	11·7	45	16·7	Ealing.
Edmonton .. .. .	94,420	1,231	54	1,285	21	2	23	1,252	56	1,308	13·6	1·00	13·6	17·6	1,032	10·9	1·11	12·1	30	23·3	Edmonton.
Enfield .. .. .	109,700	1,419	56	1,475	24	2	26	1,443	58	1,501	13·4	1·00	13·4	17·3	1,110	10·1	1·07	10·8	29	19·7	Enfield.
Feltham .. .. .	51,750	778	27	805	8	1	9	786	28	814	15·6	0·96	15·0	11·1	445	8·6	1·57	13·5	20	24·8	Feltham.
Finchley .. .. .	68,920	882	50	932	12	4	16	894	54	948	13·5	0·96	13·0	16·9	790	11·5	0·90	10·4	19	20·4	Finchley.
Friern Barnet .. .. .	28,660	329	15	344	6	1	7	335	16	351	12·0	1·12	13·4	19·9	423	14·8	0·71	10·5	15	43·6	Friern Barnet.
Harrow .. .. .	213,700	2,803	128	2,931	41	2	43	2,844	130	2,974	13·7	1·03	14·1	14·5	2,078	9·7	1·18	11·4	44	15·0	Harrow.
Hayes and Harlington ..	68,670	1,071	40	1,111	17	3	20	1,088	43	1,131	16·2	0·94	15·2	17·7	546	8·0	1·62	13·0	19	17·1	Hayes and Harlington
Hendon .. .. .	151,500	1,876	89	1,965	32	5	37	1,908	94	2,002	13·0	0·96	12·5	18·5	1,648	10·9	1·06	11·6	38	19·3	Hendon.
Heston and Isleworth ..	105,000	1,221	54	1,275	16	2	18	1,237	56	1,293	12·1	1·00	12·1	13·9	1,147	10·9	1·02	11·1	21	16·5	Heston and Isleworth.
Hornsey .. .. .	96,430	1,585	146	1,731	22	1	23	1,607	147	1,754	18·0	0·93	16·7	13·1	1,187	12·3	0·89	10·9	43	24·8	Hornsey.
Potters Bar .. .. .	22,750	349	14	363	8	1	9	357	15	372	16·0	0·89	14·2	24·2	200	8·8	1·39	12·2	7	19·3	Potters Bar.
Ruislip–Northwood ..	75,330	980	29	1,009	16	—	16	996	29	1,025	13·4	1·00	13·4	15·6	617	8·2	1·26	10·3	17	16·8	Ruislip–Northwood.
Southall .. .. .	52,900	688	55	743	8	2	10	696	57	753	14·0	1·04	14·6	13·3	641	12·1	0·94	11·4	17	22·9	Southall.
Southgate .. .. .	70,680	819	32	851	14	1	15	833	33	866	12·0	1·08	13·0	17·3	942	13·3	0·82	10·9	13	15·3	Southgate.
Staines .. .. .	47,910	865	29	894	14	3	17	879	32	911	18·7	0·92	17·2	18·7	461	9·6	1·27	12·2	14	15·7	Staines.
Sunbury .. .. .	29,710	556	21	577	7	—	7	563	21	584	19·4	0·89	17·3	12·0	318	10·7	1·15	12·3	10	17·3	Sunbury.
Tottenham .. .. .	116,100	1,618	134	1,752	28	3	31	1,646	137	1,783	15·1	0·99	14·9	17·4	1,352	11·6	1·06	12·3	42	24·0	Tottenham.
Twickenham .. .. .	103,600	1,319	52	1,371	21	1	22	1,340	53	1,393	13·2	1·03	13·6	15·8	1,256	12·1	0·95	11·5	23	16·8	Twickenham.
Uxbridge .. .. .	63,730	1,031	33	1,064	24	—	24	1,055	33	1,088	16·7	0·90	15·0	22·1	582	9·1	1·29	11·7	21	19·7	Uxbridge.
Wembley .. .. .	126,300	1,547	46	1,593	22	1	23	1,569	47	1,616	12·6	1·01	12·7	14·2	1,219	9·7	1·17	11·3	23	14·4	Wembley.
Willesden .. .. .	172,800	3,000	384	3,384	43	10	53	3,043	394	3,437	19·6	0·93	18·2	15·4	1,814	10·5	1·13	11·9	66	19·5	Willesden.
Wood Green .. .. .	48,520	646	36	682	13	2	15	659	38	697	14·1	1·01	14·2	21·5	604	12·4	0·96	11·9	14	20·5	Wood Green.
Yiewsley and West Drayton..	23,450	423	18	441	8	—	8	431	18	449	18·8	0·90	16·9	17·8	174	7·4	1·44	10·7	8	18·1	Yiewsley and West Drayton.
THE COUNTY .. .. .	2,247,000	31,263	1,860	33,123	481	54	535	31,744	1,914	33,658	14·7	0·98	14·4	15·9	23,919	10·6	1·08	11·4	640	19·3	THE COUNTY.

\* Birth and death rates are calculated on the total population of the area. Clearly a population with a high proportion of women of child bearing age can be expected to have a higher birth rate than one with a lower proportion of such women even though the fertility rates of women (of the same age) were the same in both populations. Similarly a population with a high proportion of old people can be expected to have a higher death rate than one with a lower proportion of such persons. The presence of residential institutions is also taken into account. The comparability factors are a means of getting over these difficulties for purposes of comparison; the adjusted rates, though useful, are fictitious.





TABLE 5  
BIRTH RATE

Year.	Live birth rate per 1,000 estimated mid-year population.		
	Middlesex.	London.	England and Wales.
(1)	(2)	(3)	(4)
1947 .. .. .	19·6	21·8	21·1
1948 .. .. .	16·1	18·2	18·1
1949 .. .. .	14·9 (13·9)	16·8 (15·3)	16·9
1950 .. .. .	13·9 (12·8)	15·8 (14·2)	15·9
1951 .. .. .	13·4 (12·3)	15·6 (14·0)	15·5
1952 .. .. .	13·3 (12·2)	15·3 (13·8)	15·3
1953 .. .. .	13·3 (12·9)	15·3 (13·3)	15·5
1954 .. .. .	13·1 (12·7)	15·3 (13·3)	15·2
1955 .. .. .	13·0 (12·6)	15·1 (13·3)	15·0
1956 .. .. .	13·7 (13·3)	15·9 (14·0)	15·7
1957 .. .. .	14·0 (13·8)	16·2 (14·4)	16·1
1958 .. .. .	14·5 (14·2)	16·8 (15·0)	16·4
1959 .. .. .	14·7 (14·4)	17·3 (15·6)	16·5

NOTES.—Rates for the years 1947–49 are based on civilian population.  
Rates for 1950–1959 are based on home population.  
Figures in brackets represent rates, adjusted for valid area comparisons by Registrar General’s comparability factors.  
The rates for 1959 are provisional and subject to correction.

TABLE 6  
PREMATURE BIRTHS 1959

Area.	Premature births notified (as adjusted by transfers).			Premature birth rate per 1,000 total births notified.
	Live births.	Still births.	Total premature births.	
(1)	(2)	(3)	(4)	(5)
1 .. .. .	161	15	176	63·2
2 .. .. .	132	26	158	67·1
3 .. .. .	252	36	288	80·4
4 .. .. .	169	28	197	68·6
5 .. .. .	140	18	158	54·1
6 .. .. .	315	39	354	70·4
7 .. .. .	226	27	253	67·6
8 .. .. .	222	12	234	68·7
9 .. .. .	188	15	203	70·1
10 .. .. .	214	21	235	64·2
County .. .. .	2,019	237	2,256	67·9
London .. .. .	4,309	604	4,913	86·9
England & Wales	50,337	8,349	58,686	76·6

TABLE 7  
INFANT MORTALITY

Year.	Middlesex.			London.	England and Wales.
	Live births.	Deaths under one year.	Rate per 1,000 related live births.		
(1)	(2)	(3)	(4)	(5)	(6)
1940 .. ..	28,873	1,448	50·2	50	55
1941 .. ..	25,512	1,327	52·0	68	59
1942 .. ..	33,150	1,558	47·0	60	49
1943 .. ..	35,339	1,536	43·5	58	49
1944 .. ..	36,380	1,327	36·5	61	46
1945 .. ..	33,398	1,296	38·8	53	46
1946 .. ..	42,108	1,246	29·6	41	43
1947 .. ..	43,955	1,386	31·5	37	41
1948 .. ..	36,374	961	26·4	30	34
1949 .. ..	33,849	818	24·2	27	32
1950 .. ..	31,705	690	21·8	25	30
1951 .. ..	30,469	719	23·6	25	30
1952 .. ..	30,274	635	21·0	23	28
1953 .. ..	30,039	629	20·9	24	27
1954 .. ..	29,619	557	18·8	21	25
1955 .. ..	29,355	566	19·3	23	25
1956 .. ..	30,874	586	19·0	21	24
1957 .. ..	31,584	561	17·8	22	23
1958 .. ..	32,606	615	18·9	22	23
1959 (a) .. ..	33,123	640	19·3	22	22

(a) 1959 figures provisional.



TABLE 8  
MATERNAL MORTALITY  
MORTALITY PER 1,000 TOTAL (LIVE AND STILL) BIRTHS

Year.				Middlesex.		England and Wales Rate.
				Number.	Rate.	
(1)				(2)	(3)	(4)
1947	..	..	..	48	1·07	1·17
1948	..	..	..	34	0·91	1·02
1949	..	..	..	33	0·96	0·98
1950	..	..	..	27	0·84	0·86
1951	..	..	..	17	0·55	0·79
1952	..	..	..	17	0·55	0·72
1953	..	..	..	22	0·72	0·76
1954	..	..	..	16	0·53	0·70
1955	..	..	..	14	0·47	0·64
1956	..	..	..	18	0·57	0·56
1957	..	..	..	13	0·40	0·47
1958	..	..	..	13	0·39	0·44
1959 (a)	..	..	..	13	0·39	0·38

(a) Provisional.

TABLE 9  
INCIDENCE OF SICKNESS IN MIDDLESEX BASED ON FIRST APPLICATIONS FOR  
SICKNESS BENEFIT RECEIVED BY THE MINISTRY OF NATIONAL INSURANCE

Quarter ending	First applications for sickness benefit.								
	1951.	1952.	1953.	1954.	1955.	1956.	1957.	1958.	1959.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
March .. ..	154,248	107,655	158,416	107,706	138,592	117,325	93,183	114,599	168,720
June .. ..	66,914	69,520	65,566	64,650	69,430	68,025	67,568	71,644	72,025
September ..	54,265	53,538	54,119	55,975	56,894	57,544	61,592	61,715	61,681
December ..	79,582	94,540	77,857	80,905	95,021	93,108	189,661	92,431	91,182
Total for year	355,009	325,253(a)	355,958	309,236	359,937(a)	336,002	412,004	340,389	393,608(a)
Number of first applications for sickness bene- fit per 1,000 population:—									
Middlesex ..	157	143	158	137	160	149	183	151	175
England & Wales	154	133	150	144	158	154	188	155	184

(a) 53 weeks.

Infectious Diseases

TABLE 10

CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES, 1959.

Boroughs and Urban Districts.	CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES, 1959.																
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
		Scarlet fever.	Whooping cough.	Acute poliomyelitis.	Acute encephalitis.	Measles.	Diphtheria.	Acute pneumonia.	Dysentery.	Enteric or typhoid fever.	Paratyphoid fever.	Erysipelas.	Meningococcal infection.	Puerperal pyrexia.	Ophthalmia neonatorum.	Food poisoning.	Smallpox.
Acton (Borough) .. .. .	..	64	12	—	—	715	—	19	10	—	—	—	1	4	—	9	—
Brentford and Chiswick (Borough) .. .. .	..	91	41	2	—	328	—	10	10	1	—	5	—	70	—	23	—
Ealing (Borough) .. .. .	..	269	90	—	—	1,928	—	154	194	—	—	9	2	37	3	37	—
Edmonton (Borough) .. .. .	..	194	46	4	1	666	—	52	280	—	2	10	—	141	3	50	—
Enfield (Borough) .. .. .	..	96	64	—	—	853	—	51	38	—	—	13	—	9	1	5	—
Feltham .. .. .	..	70	38	—	—	433	—	13	40	—	—	1	—	1	—	7	—
Finchley (Borough) .. .. .	..	27	7	5	—	602	—	35	12	1	3	1	—	30	2	13	—
Friern Barnet .. .. .	..	17	—	—	—	241	—	18	14	—	—	3	—	—	—	4	—
Harrow (Borough) .. .. .	..	198	33	4	—	2,323	—	104	7	—	—	8	1	10	1	31	—
Hayes and Harlington .. .. .	..	87	16	—	1	924	—	47	21	—	—	8	1	2	—	5	—
Hendon (Borough) .. .. .	..	151	32	10	—	1,283	—	121	95	—	1	7	—	126	—	36	—
Heston and Isleworth (Borough) .. .. .	..	235	46	—	1	1,007	—	47	42	—	—	7	3	118	—	23	—
Hornsey (Borough) .. .. .	..	53	46	22	2	707	—	70	61	—	—	5	1	12	1	9	—
Potters Bar .. .. .	..	5	9	1	—	698	—	16	10	—	—	—	—	—	—	5	—
Ruislip-Northwood .. .. .	..	51	11	1	1	1,078	—	49	7	3	2	6	2	4	—	15	—
Southall (Borough) .. .. .	..	124	79	—	—	674	—	48	22	—	—	3	2	1	—	17	—
Southgate (Borough) .. .. .	..	33	9	1	—	732	—	53	25	—	—	4	—	1	—	3	—
Staines .. .. .	..	74	90	1	1	499	—	5	4	—	3	4	—	3	—	10	—
Sunbury .. .. .	..	64	22	—	2	461	—	7	4	—	—	1	—	—	1	4	—
Tottenham (Borough) .. .. .	..	122	12	7	2	949	—	70	251	1	2	6	2	1	1	18	—
Twickenham (Borough) .. .. .	..	114	38	—	—	969	—	80	34	—	—	10	2	4	1	42	—
Uxbridge (Borough) .. .. .	..	107	10	—	2	949	—	33	20	—	—	12	2	125	—	4	—
Wembley (Borough) .. .. .	..	153	46	2	—	1,157	—	62	56	—	1	7	—	33	4	16	—
Willesden (Borough) .. .. .	..	142	191	5	—	821	—	92	62	1	—	7	2	161	—	24	—
Wood Green (Borough) .. .. .	..	28	16	7	1	169	—	46	24	—	3	1	—	—	—	9	—
Yiewsley and West Drayton .. .. .	..	94	—	—	—	395	—	15	1	—	1	—	1	1	—	12	—
THE COUNTY .. .. .	..	2,663	1,004	72	14	21,561	—	1,317	1,344	7	18	138	22	894	18	431	—



TABLE 11

AGE DISTRIBUTION OF NOTIFIED CASES (CORRECTED) AND OF DEATHS, ACUTE POLIOMYELITIS, 1959

1959.	Age in years.					All ages.
	Under 1.	1—	5—	15—	25 and over.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Number of cases:—						
First quarter ..	—	1	1	—	—	2
Second quarter ..	1	5	4	2	1	13
Third quarter ..	1	11	20	7	9	48
Fourth quarter ..	1	2	1	—	5	9
Whole year ..	3	19	26	9	15	72
Number of deaths ..	—	—	—	2	5	7

TABLE 12

VACCINATION AGAINST POLIOMYELITIS DURING 1959

Area.	Number of persons who had:		
	completed a course of three injections during the year	completed a course of two injections during the year.	received one injection only at any time up to 31st December.
(1)	(2)	(3)	(4)
1 .. ..	23,689	14,002	196
2 .. ..	21,459	12,841	355
3 .. ..	22,160	15,580	368
4 .. ..	22,236	17,942	499
5 .. ..	30,607	20,957	166
6 .. ..	36,965	12,399	489
7 .. ..	33,492	15,688	425
8 .. ..	38,049	13,895	140
9 .. ..	24,123	15,523	1,149
10 .. ..	25,706	14,887	215
County.. ..	278,486	153,714	4,002

TABLE 13

NUMBER OF NOTIFICATIONS RECEIVED OF PERSONS  
 PRIMARILY VACCINATED OR RE-VACCINATED AGAINST SMALLPOX DURING 1959

Area.				Age in years.				
				Under 1.	1—4.	5—14.	15 and over.	All ages.
(1)				(2)	(3)	(4)	(5)	(6)
1	..	..	..	1,161	557	172	433	2,323
2	..	..	..	1,319	137	83	453	1,992
3	..	..	..	2,517	136	99	434	3,186
4	..	..	..	1,630	151	163	813	2,757
5	..	..	..	1,810	318	161	806	3,095
6	..	..	..	2,299	447	159	808	3,713
7	..	..	..	2,053	305	129	716	3,203
8	..	..	..	2,424	174	207	645	3,450
9	..	..	..	1,636	191	127	529	2,483
10	..	..	..	2,483	261	211	679	3,634
London Airport ..				—	—	—	652	652
The County ..				19,332	2,677	1,511	6,968	30,488



TABLE 14  
DIPHTHERIA

Year.					Cases notified.	Fatal cases.	Number of children under 15 years immunised during the year (primary and reinforcing injections).
(1)					(2)	(3)	(4)
1940	..	..	..	..	929	42	—
1941	..	..	..	..	980	59	—
1942	..	..	..	..	769	53	197,796
1943	..	..	..	..	618	24	49,830
1944	..	..	..	..	266	14	23,528
1945	..	..	..	..	331	19	31,326
1946	..	..	..	..	350	13	45,857
1947	..	..	..	..	129	3	48,414
1948	..	..	..	..	57	5	57,721
1949	..	..	..	..	23	—	49,083
1950	..	..	..	..	10	2	40,398
1951	..	..	..	..	4	—	52,065
1952	..	..	..	..	2	1	49,951
1953	..	..	..	..	4	—	50,076
1954	..	..	..	..	8	1	54,203
1955	..	..	..	..	2	—	44,298
1956	..	..	..	..	2	—	49,721
1957	..	..	..	..	2	—	43,551
1958	..	..	..	..	—	—	42,114
1959	..	..	..	..	—	—	46,693

TABLE 15  
NUMBER OF CHILDREN IMMUNISED AND GIVEN REINFORCING INJECTIONS  
AGAINST DIPHTHERIA DURING 1959

Area.					Number of children immunised.			Number of children under 15 years of age given reinforcing injections.
(1)					Under 5 years.	5-14 years.	Total, aged 0-14 years.	
					(2)	(3)	(4)	(5)
1	..	..			2,052	278	2,330	3,894
2	..	..			1,617	173	1,790	2,966
3	..	..			3,172	265	3,437	1,889
4	..	..			2,096	79	2,175	2,021
5	..	..			2,257	59	2,316	791
6	..	..			3,212	92	3,304	905
7	..	..			2,913	60	2,973	1,574
8	..	..			3,383	127	3,510	2,545
9	..	..			2,301	48	2,349	182
10	..	..			3,170	275	3,445	2,297
COUNTY ..					26,173	1,456	27,629	19,064

TABLE 16  
NUMBER OF CHILDREN IMMUNISED AGAINST DIPHTHERIA UP TO  
31ST DECEMBER, 1959

Area.	Number of children protected to date according to age and year of primary or secondary injections.						
	Under 5.	Age 5-14 years.			Total under 15 years.		
	Immunised 1955— 1959.	Immunised 1955— 1959.	Immunised 1954 or before.	Total immunised 1959 or before.	Immunised 1955— 1959.	Immunised 1954 or before.	Total immunised 1959 or before.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1 .. ..	7,799	15,830	12,356	28,186	23,629	12,356	35,985
2 .. ..	6,127	14,392	7,513	21,905	20,519	7,513	28,032
3 .. ..	11,135	9,052	18,824	27,876	20,187	18,824	39,011
4 .. ..	7,993	12,343	17,484	29,827	20,336	17,484	37,820
5 .. ..	8,434	10,038	19,569	29,607	18,472	19,569	38,041
6 .. ..	10,408	7,675	27,778	35,453	18,083	27,778	45,861
7 .. ..	10,604	14,568	15,826	30,394	25,172	15,826	40,998
8 .. ..	10,295	14,198	17,947	32,145	24,493	17,947	42,440
9 .. ..	8,656	16,242	7,290	23,532	24,898	7,290	32,188
10 .. ..	11,083	12,711	18,237	30,948	23,794	18,237	42,031
County ..	92,534	127,049	162,824	289,873	219,583	162,824	382,407
Estimated mid-year child pop- ulation ..	150,400	302,400			452,800		
Percentage of protected population in age group	61·5	42·0	53·8	95·9	48·5	36·0	84·5



TABLE 17

NUMBER OF CHILDREN IMMUNISED AND GIVEN REINFORCING INJECTIONS AGAINST WHOOPING COUGH DURING 1959

Area.			Number of children immunised			Number of children under 15 years of age given reinforcing injections.
			Under 5 years.	5-14 years.	Total, aged 0-14 years.	
(1)			(2)	(3)	(4)	(5)
1	..	..	1,862	30	1,892	345
2	..	..	1,303	11	1,314	98
3	..	..	2,472	15	2,487	106
4	..	..	1,942	22	1,964	37
5	..	..	2,230	51	2,281	526
6	..	..	3,143	39	3,182	362
7	..	..	2,686	31	2,717	214
8	..	..	3,246	41	3,287	492
9	..	..	2,109	14	2,123	64
10	..	..	3,119	113	3,232	666
County ..			24,112	367	24,479	2,850

## Tuberculosis

TABLE 18

## SUMMARY OF WORK OF CHEST CLINICS, 1959

(1)	Ashford. (2)	Ealing. (3)	Edgware. (4)	Edmonton. (5)	Finchley. (6)	Harrow. (7)	Hounslow. (8)	Potters Bar. (9)	Tottenham. (10)	Uxbridge. (11)	Willesden. (12)	The County. (13)
Population in area served (approx.) .. ..	171,850	247,500	218,730	204,120	264,690	194,470	223,090	22,750	164,620	284,080	251,100	2,247,000
Persons examined for the first time during the year	4,400	5,933	8,628	4,518	4,994	9,242	2,941	946	4,961	9,816	4,323	60,702
Persons found to be tuber- culous .. ..	66	165	116	87	110	87	114	8	98	176	222	1,249
New contacts seen for the first time during the year	456	2,461	813	431	981	1,081	811	66	919	2,005	1,217	11,241
New contacts found to be tuberculous .. ..	5	13	5	3	10	6	7	3	19	9	25	105
Cases on register at 31st December, 1959 ..	1,063	2,132	1,460	2,081	2,070	1,874	2,453	158	2,046	2,652	2,470	20,459
Home visits by tuberculosis visitors during 1959 (a) ..	2,052	4,749	4,044	4,050	3,765	2,864	5,140	460	3,044	6,362	4,267	40,797

(a) Effective visits only. These should not be compared with years prior to 1955 when *total* visits were shown.



TABLE 19

SUMMARY OF THE WORK OF CHEST CLINIC WELFARE OFFICERS, 1959

(1)	Ashford. (2)	Ealing (3)	Edgware. (4)	Edmonton. (5)	Finchley. (6)	Harrow. (7)	Hounslow. (8)	Potters Bar. (9)	Tottenham. (10)	Uxbridge. (11)	Willesden. (12)	County (13)
Patients dealt with by the Welfare Officer . . . .	325	743	548	901	363	403	870	4	641	780	785	6,363
Patients who consulted the Welfare Officer regarding employment or training	40	62	100	56	46	38	131	2	73	118	87	753
Number for whom employ- ment or training was found	18	45	60	35	13	24	108	—	69	38	57	467
Individual patients referred to the National Assistance Board for grants for:—												
(a) Bedding . . . .	—	4	3	1	1	—	4	—	5	2	4	24
(b) Clothing . . . .	4	9	3	11	—	1	19	—	6	6	6	65
(c) Extra nourishment	2	24	13	82	14	3	9	—	20	11	31	209
(d) Any other purpose	25	44	55	134	42	23	62	2	51	77	62	577
Total individual patients referred to the National Assistance Board . .	31	75	66	159	50	25	81	2	72	86	85	732
Cases recommended for re- housing . . . .	23	78	38	32	18	3	31	1	66	54	19	363
Families re-housed . .	7	22	9	5	5	3	17	—	18	10	7	103
Contacts first received into care by the Children's Officer during the year:—												
(a) For B.C.G. vac- cination only . .	—	—	1	—	6	—	—	—	—	—	—	7
(b) Otherwise than for B.C.G. vaccina- tion . . . .	—	7	4	2	—	—	2	—	—	5	—	28†

† Includes 8 contacts referred from other sources.

TABLE 20

NEW CASES OF, AND DEATHS FROM TUBERCULOSIS, NOTIFIED TO MEDICAL OFFICERS OF HEALTH DURING 1959, CLASSIFIED INTO AGE GROUPS

Age in years.			New Cases.				Deaths.			
			Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
			M.	F.	M.	F.	M.	F.	M.	F.
(1)			(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Under 1	..		1	—	—	—	—	—	—	—
1—	..	..	19	17	4	1	—	—	—	—
5—	..	..	9	10	2	3	}	—	—	—
10—	..	..	10	10	4	1		—	—	—
15—	..	..	31	36	3	2		1	—	—
20—	..	..	81	70	5	13		—	—	—
25—	..	..	90	109	14	12	}	10	3	1
35—	..	..	104	63	8	14		—	—	—
45—	..	..	122	59	6	10		37	11	1
55—	..	..	135	28	6	5	}	40	14	3
65 and over	..		89	35	7	15		—	—	5
ALL AGES	..		691	437	59	76	88	28	5	1



TABLE 21  
NOTIFICATION OF TUBERCULOSIS CASES AND DEATHS, 1926-1959

Year.  (1)	Estimated County civilian population (mid-year). (2)	Formal notifications.						Deaths registered.					
		All forms.		Pulmonary.		Non-pulmonary.		All forms.		Pulmonary.		Non-pulmonary.	
		No. (3)	Rate. (4)	No. (5)	Rate. (6)	No. (7)	Rate. (8)	No. (9)	Rate. (10)	No. (11)	Rate. (12)	No. (13)	Rate. (14)
1926	..	2,009	1.52	1,655	1.25	354	.27	1,138	.86	944	.71	194	.15
1927	..	2,015	1.50	1,621	1.20	394	.30	1,193	.88	1,024	.76	169	.12
1928	..	1,819	1.28	1,478	1.04	341	.24	1,071	.76	909	.64	162	.12
1929	..	1,911	1.31	1,606	1.10	305	.21	1,215	.83	1,058	.73	157	.10
1930	..	2,015	1.29	1,623	1.04	392	.25	1,164	.75	981	.63	183	.12
1931	..	2,120	1.29	1,749	1.07	371	.22	1,160	.71	989	.60	171	.11
1932	..	2,108	1.24	1,733	1.02	375	.22	1,144	.67	965	.57	179	.10
1933	..	2,082	1.19	1,750	1.00	332	.19	1,224	.70	1,046	.60	178	.10
1934	..	2,098	1.16	1,767	0.98	331	.18	1,266	.70	1,086	.60	180	.10
1935	..	2,151	1.15	1,826	0.98	325	.17	1,187	.64	1,028	.55	159	.09
1936	..	2,151	1.11	1,833	0.94	318	.17	1,257	.65	1,096	.56	161	.09
1937	..	2,312	1.15	1,932	0.96	380	.19	1,177	.58	1,008	.50	169	.08
1938	..	2,469	1.20	2,048	0.99	421	.21	1,109	.54	932	.45	177	.09
1939	..	2,313	1.12	1,952	0.95	361	.17	1,174	.57	1,012	.49	162	.08
1940	..	2,410	1.23	2,043	1.04	367	.19	1,217	.62	1,055	.54	162	.08
1941	..	2,804	1.49	2,435	1.29	369	.20	1,326	.70	1,154	.61	172	.09
1942	..	3,081	1.60	2,617	1.36	468	.24	1,204	.62	1,040	.54	164	.08
1943	..	3,110	1.60	2,675	1.38	435	.22	1,191	.61	1,042	.54	149	.07
1944	..	2,944	1.54	2,595	1.36	349	.18	1,066	.56	920	.48	146	.08
1945	..	2,879	1.47	2,504	1.28	375	.19	1,035	.53	900	.46	135	.07
1946	..	3,018	1.38	2,668	1.22	350	.16	1,039	.48	894	.41	145	.07
1947	..	3,010	1.34	2,704	1.20	306	.14	962	.43	855	.38	107	.05
1948	..	3,185	1.41	2,828	1.25	357	.16	907	.40	790	.35	117	.05
1949	..	3,021	1.33	2,746	1.21	275	.12	852	.38	765	.34	87	.04
1950	..	2,776	1.21	2,477	1.08	299	.13	622	.27	567	.25	55	.02
1951	..	2,727	1.20	2,416	1.07	311	.14	582	.26	528	.23	54	.02
1952	..	2,474	1.09	2,208	0.97	266	.12	437	.19	386	.17	51	.02
1953	..	2,507	1.11	2,264	1.00	243	.11	362	.16	327	.14	35	.02
1954	..	2,147	0.95	1,925	0.85	222	.10	320	.14	292	.13	28	.01
1955	..	1,927	0.86	1,706	0.76	221	.10	266	.12	244	.11	22	.01
1956	..	1,762	0.78	1,568	0.70	194	.09	234	.10	214	.10	20	.01
1957	..	1,608	0.71	1,425	0.63	183	.08	201	.09	182	.08	19	.01
1958	..	1,455	0.65	1,290	0.57	165	.07	170	.08	148	.07	22	.01
1959	..	1,263	0.56	1,128	0.50	135	.06	127	.06	116	.05	11	.005

\* Home population.  
All rates are per 1,000 population

## Venereal Disease

TABLE 22

## MIDDLESEX PATIENTS TREATED AT HOSPITALS

Persons dealt with at clinics for the first time and found to be suffering from	1950.	1951.	1952.	1953.	1954.	1955.	1956.	1957.	1958.	1959.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Syphilis .. ..	356	279	235	195	148	172	203	164	157	124
Gonorrhoea .. ..	485	426	490	618	412	502	534	563	667	845
Other conditions ..	3,925	3,029	2,977	3,336	2,730	3,165	3,105	3,047	2,905	3,246
Totals .. ..	4,766	3,734	3,702	4,149	3,290	3,839	3,842	3,774	3,729	4,215

## Health Control of London Airport

TABLE 23

## WORK CARRIED OUT DURING 1959

Planes arriving .. ..	..	..	..	..	..	..	..	..	..	38,743
Passengers arriving:—										
British .. ..	..	..	..	..	..	..	..	..	..	798,341
Alien .. ..	..	..	..	..	..	..	..	..	..	600,647
Total .. ..	..	..	..	..	..	..	..	..	..	1,398,988
Planes issued with disinsectisation certificates .. ..	..	..	..	..	..	..	..	..	..	1,857
Sick passengers needing ambulance or car arrangements ..	..	..	..	..	..	..	..	..	..	2,393
Vaccinations carried out against smallpox .. ..	..	..	..	..	..	..	..	..	..	652
Aliens inspected under Aliens Order .. ..	..	..	..	..	..	..	..	..	..	1,121
Aliens refused entry on medical certificate .. ..	..	..	..	..	..	..	..	..	..	19
Notifications sent to medical officers of health for surveillance of passengers ..	..	..	..	..	..	..	..	..	..	125

TABLE 24

Place of departure of planes arriving at London Airport.	1st January to 30th June, 1959. Number of		1st July to 31st December, 1959. Number of		Total, 1959.	
	Aircraft.	Passengers.	Aircraft.	Passengers.	Aircraft.	Passengers.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Excepted Area .. ..	8,004	274,064	9,852	374,068	17,856	648,132
Europe outside Excepted Area .. ..	4,695	149,970	5,588	205,150	10,283	355,120
North America .. ..	2,081	87,302	2,425	101,992	4,506	189,294
Central and South America	139	5,066	232	10,042	371	15,108
Africa .. ..	1,053	37,577	1,204	46,391	2,257	83,968
Asia .. ..	1,465	40,088	2,005	67,278	3,470	107,366
Total .. ..	17,437	594,067	21,306	804,921	38,743	1,398,988



Maternal and Child Health

TABLE 25

ANTE-NATAL AND POST-NATAL CLINICS PROVIDED BY THE COUNTY COUNCIL

Area.	Number of clinics provided at end of 1959.	Average number of sessions held per month during year.	Number of women in attendance				Total number of attendances made by women included in columns (4) and (5) during 1959.	
			Number of women who attended during 1959.		Number of new cases included in columns (4) and (5).			
			(1)	(2)	(3)	(4)	(5)	(6)
1 ..	..	51 (4)	1,510	664 (469)	1,171	613 (400)	8,301	940 (606)
2 ..	..	40	1,300	311	1,031	309	5,622	331
3 ..	..	94	2,983	1,094	2,289	1,092	16,293	1,131
4 ..	..	64	1,694	250	1,323	230	6,708	277
5 ..	..	62	1,698	106	1,364	106	6,910	136
6 ..	10 (1)	124 (4)	3,597	234 (176)	3,471	173 (103)	19,483	260 (189)
7 ..	9	115	2,547	301	2,521	300	15,516	330
8 (a) ..	11	72	1,854	191	1,439	159	7,220	209
9 ..	15	49	1,278	172	1,071	172	6,539	185
10 ..	19 (4)	55	1,535	215	1,163	200	6,524	217
COUNTY ..	125 (5)	726 (8)	19,996	3,538 (645)	16,843	3,354 (503)	99,116	4,016 (795)

The figures in brackets relate to separate post-natal clinics and are included in the main post-natal figures.  
(a) Numbers include one mobile unit.

TABLE 26  
CHILD WELFARE CENTRES PROVIDED BY COUNTY COUNCIL

Area.	Number of centres provided at end of 1959.	Number of child welfare sessions now held per month at centres in column (2).	Number of children who first attended a centre during 1959, and who at their first attendance were under 1 year of age.	Number of children who attended during 1959 and who were born in:			Total number of children who attended during 1959.	Number of attendances during 1959 made by children who at the date of attendance were:			Total attendances during 1959.
				1959.	1958.	1957-54.		Under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1 ..	14	104	2,579	2,285	1,821	2,433	6,539	38,938	9,581	9,592	58,111
2 ..	13	111	2,247	1,967	2,029	3,520	7,516	32,481	9,233	11,133	52,847
3 ..	10	166	3,460	2,994	2,615	4,327	9,936	46,625	8,272	6,851	61,748
4 ..	16	115	2,747	2,539	2,278	4,086	8,903	39,488	10,801	10,632	60,921
5 ..	16	113	2,976	2,798	1,907	3,315	8,020	41,141	5,959	5,915	53,015
6 ..	14	172	4,739	4,032	3,009	3,000	10,041	59,756	8,869	6,179	74,804
7 ..	15	156	3,311	2,893	2,688	3,820	9,401	46,511	9,551	7,475	63,537
8 (a) ..	21	174	3,229	3,215	2,905	4,892	11,012	56,075	10,606	16,908	83,589
9 ..	9	94	2,705	2,252	1,976	2,287	6,515	33,792	6,058	4,030	43,880
10 ..	16	176	3,329	3,147	3,033	3,691	9,871	55,817	11,886	12,401	80,104
COUNTY ..	144	1,381	31,322	28,122	24,261	35,371	87,754	450,624	90,816	91,116	632,556

NOTE.—The following figures relate to child welfare centres provided by other bodies, at each of which the County Council provides a health visitor only.  
(The figures are *not* included in the main table.)

Queen Charlotte's Hospital ..	1	4	45	37	32	10	79	639	58	5	702
R.A.F., Stanmore	1	4	42	31	38	2	71	445	8	1	454
Elstree G.P. Clinic ..	1	2	20	18	14	14	46	179	19	14	212

(a) Numbers include 1 Mobile Clinic.



TABLE 27  
PRIORITY DENTAL SERVICE 1959  
EXPECTANT AND NURSING MOTHERS

AREA.	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment.	Extractions.	Anaes-thetics.		Fillings.	Scalings and gum treatment.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1 ..	158	143	148	113	430	235	41	62	158	57	32	4	23	27
2 ..	117	104	139	31	579	217	96	47	222	93	84	2	34	39
3 ..	131	127	127	55	588	159	68	24	220	90	114	17	16	32
4 ..	158	125	193	85	996	409	221	56	502	68	106	56	32	53
5 ..	107	103	116	85	386	150	18	35	175	59	65	6	12	20
6 ..	550	529	545	287	2,284	520	428	116	1,494	390	334	52	41	85
7 ..	320	315	394	194	1,327	396	394	88	753	220	237	128	26	60
8 ..	158	151	197	116	908	290	149	44	521	130	82	65	21	49
9 ..	288	286	375	210	1,562	689	535	128	1,079	238	208	81	50	66
10 ..	402	384	448	313	1,661	639	381	131	978	156	224	199	74	99
COUNTY	2,389	2,267	2,682	1,489	10,721	3,704	2,331	731	6,102	1,501	1,486	610	329	530

CHILDREN UNDER FIVE YEARS

AREA.	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment.	Extractions.	Anaes-thetics.		Fillings.	Silver nitrate dressings.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1 ..	310	234	281	105	554	214	9	122	184	959	28	—	—	—
2 ..	382	302	323	110	931	173	2	97	490	350	166	4	—	—
3 ..	506	442	421	178	872	369	26	156	474	478	162	2	4	—
4 ..	323	229	341	166	964	318	10	175	625	171	202	3	—	—
5 ..	284	249	253	266	643	138	4	82	598	306	155	—	—	—
6 ..	1,034	740	786	678	2,015	474	25	234	1,418	923	434	3	—	—
7 ..	545	497	558	429	1,378	459	4	212	875	313	468	—	—	—
8 ..	374	327	403	370	1,113	245	71	81	1,020	194	61	5	—	—
9 ..	325	289	317	231	658	621	10	278	222	190	105	5	—	—
10 ..	757	621	666	623	1,443	706	11	329	1,074	450	311	—	—	—
COUNTY	4,840	3,930	4,349	3,156	10,571	3,717	172	1,766	6,980	4,334	2,092	22	4	—

TABLE 28  
CARE OF PREMATURE INFANTS, 1959

Area.		Number of premature babies born alive to mothers normally resident in the County, but excluding babies born in maternity homes or hospitals in the National Health Service.			Born at home and nursed entirely at home.			Born at nursing homes and nursed entirely at nursing homes.								
(1)	Born at home.	(2)	Born in private nursing homes.	(3)	Number born.	(4)	Died during first 24 hours.	(5)	Survived to end of 28 days.	(6)	Number born.	(7)	Died during first 24 hours.	(8)	Survived to end of 28 days.	(9)
1	..	37	2	2	37	37	3	3	33	33	2	2	—	—	2	2
2	..	23	1	1	22	22	—	—	20	20	1	1	—	—	1	1
3	..	38	7	7	37	37	1	1	35	35	6	6	—	—	6	6
4	..	30	2	2	28	28	—	—	28	28	2	2	—	—	1	1
5	..	17	—	—	16	16	3	3	13	13	—	—	—	—	—	—
6	..	33	—	—	30	30	—	—	30	30	—	—	—	—	—	—
7	..	32	—	—	29	29	—	—	29	29	—	—	—	—	—	—
8	..	39	2	2	38	38	—	—	38	38	2	2	—	—	2	2
9	..	23	—	—	18	18	1	1	17	17	—	—	—	—	—	—
10	..	64	2	2	60	60	4	4	54	54	2	2	—	—	2	2
COUNTY ..	..	336	16	16	315	315	12	12	297	297	15	15	—	—	14	14



TABLE 29  
MOTHER AND BABY HOMES

Name and address of home or hostel.	Number of beds.				Average length of stay. (weeks).	
	Total (excluding maternity and labour and cots).	Maternity (excluding labour and isolation).	Labour.	Cots.	Ante- natal.	Post- natal.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>A.—Provided by the County Council.</i>						
“Amherst Lodge,” 47, Amherst Road, Ealing, W.13 ..	24	—	—	11	4 $\frac{1}{7}$	6 $\frac{6}{7}$
“Belle Vue,” 167, Willesden Lane, Kilburn, N.W.6 ..	12	—	—	12	5 $\frac{2}{7}$	5 $\frac{6}{7}$
“Red Gables,” 113, Crouch Hill, Hornsey, N.8. . .	15	—	—	12	4 $\frac{5}{7}$	4 $\frac{4}{7}$
“Guilford House,” 92-94, Torrington Park, N.12 ..	28	—	—	14	5	5 $\frac{3}{7}$
<i>B.—Provided or used by Voluntary Organisations with which the County Council makes arrangements under Section 22.</i>						
“Beacon Lodge,” 35, Eastern Road, Finchley, N.2 ..	14	2	1	14	7 $\frac{2}{7}$ (a)	7 $\frac{3}{7}$ (a)

Total number of women admitted during the year to homes and hostels shown above (ignoring re-admissions to the same home after confinement) .. .. . 522

Number of admissions for which the County Council was responsible .. .. . 475

Number of cases sent by the County Council during the year to mother and baby homes other than those mentioned above:—

    Expectant mothers .. .. . 220

    Post-natal cases .. .. . 9

(a) Relates to the 34 Middlesex cases only.

TABLE 30

DAY NURSERIES PROVIDED BY COUNTY COUNCIL AS AT 31ST DECEMBER, 1959

Area.	Number.	Number of approved places.	Number of children on the register at the end of the year.		Average daily attendance during the year.	
			Age.		Age.	
			Under 2 years.	2-5.	Under 2 years.	2-5.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 .. ..	1	55	19	34	12·0	28·1
2 .. ..	1	30	6	25	6·2	19·9
3 .. ..	3	158	59	103	38·4	79·1
4 .. ..	2	110	29	60	16·2	46·8
5 .. ..	2	110	26	63	21·2	41·7
6 .. ..	10	490	237	296	181·0	231·8
7 .. ..	5	214	66	140	51·6	102·9
8 .. ..	4	150	25	74	23·5	52·6
9 .. ..	2	86	19	50	14·6	31·6
10 .. .	3	100	28	55	16·0	44·3
COUNTY ..	33	1,503	514	900	380·7	678·4



TABLE 31  
ADMINISTRATION OF ANALGESICS, 1959

Area.	Number of midwives in practice in the County at the end of the year qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board.			Number of sets of apparatus for the administration of inhalational analgesics in use at the end of the year by domiciliary midwives employed by the County Council.		Number of cases in which analgesics were administered by midwives in domiciliary practice during the year.		
	Domiciliary.	In institutions.	Total.	Gas and air.	Trilene.	Gas and air.	Trilene.	Pethidine.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1 ..	17	42	59	19	6	591	176	485
2 ..	11	3	14	10	9	279	184	336
3 ..	9	9	18	11	7	470	121	418
4 ..	10	50	60	13	6	269	170	333
5 ..	11	2	13	13	6	462	276	261
6 ..	11	56	67	12	3	655	41	280
7 ..	13*	24	37*	11	8	590	243	362
8 ..	19	30	49	19	2	975	9	494
9 ..	13*	51	64*	10	8	460	173	376
10 ..	21	14	35	20	7	855	318	557
COUNTY ..	135	281	416	138	62	5,606	1,711	3,902

\* Including 4 midwives who practise in both areas 7 and 9.











TABLE 33  
HEALTH VISITING. (See note (b) )

Area.	Number of visits paid by health visitors shown in column (4) during 1959.			Number of families visited during 1959. (c)								
	Number of health visitors employed at 31st December, 1959.		All Classes.									
	Whole-time on health visiting. (a)	Part-time on health visiting. (a)										
					Equivalent of whole-time services devoted by health visitors included in columns (2) & (3) to services provided under the National Health Service Act. (a)							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
				First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.	Total visits.	Total visits.	
1	—	20 (2)	16.0 (1.0)	750	1,042	2,870	12,375	6,351	10,258	1,956	31,982	6,468
2	—	26 (1)	18.4 (0.9)	814	1,782	2,540	12,149	6,276	10,441	4,310	34,958	9,602
3	2	24 (1)	21.2 (0.8)	2,285	3,511	4,234	16,056	8,101	13,202	6,246	47,116	12,420
4	—	24 (1)	15.3 (0.7)	875	1,360	2,932	10,587	4,578	9,590	2,188	28,303	8,692
5	—	19 (1)	14.5 (0.7)	1,058	1,419	3,029	10,257	4,756	9,293	693	26,418	9,976
6	—	46 (2)	30.4 (1.1)	3,024	4,600	5,663	21,125	9,955	15,903	3,444	55,027	13,325
7	—	29 (2)	24.6 (1.7)	1,256	2,102	3,841	17,070	9,087	15,125	3,149	46,533	10,903
8	—	32 (1)	26.4 (0.9)	1,774	3,211	3,779	16,606	7,984	16,309	3,925	48,035	10,906
9	—	27 (2)	22.7 (1.6)	1,748	3,302	2,870	17,379	9,348	19,924	2,712	52,665	9,342
10	—	30 (2)	23.2 (1.6)	768	1,149	4,141	12,916	6,339	12,826	987	34,217	8,654
COUNTY...	2	277 (15)	212.7 (11.0)	14,352	23,478	35,899	146,520	72,775	132,871	29,610	405,254	100,288

(a) Figures in parentheses relate to superintendents and deputy superintendents which are included in the total.

(b) This table excludes tuberculosis health visitors and their visits. (See Table 18.)

(c) This table excludes visits to families by the health visitor/school nurses whilst acting solely in their capacity as school nurses.





TABLE 34  
HOME NURSING

Areas.	Number of home nurses employed at 31st December, 1959.			Medical.		Surgical.		Infectious diseases.		Tuberculosis.		Maternal complications.		Others.		Totals.		Patients included in column (17) who were 65 or over at the time of the first visit during 1959.		Children in- cluded in column (17) who were under 5 at the time of the first visit during 1959.		Patients in- cluded in column (17) who have had more than 24 visits during 1959.	
	Whole-time on home nursing.	Part-time on home nursing.	Equivalent of whole-time to home nursing service.	a.	b.	a.	b.	a.	b.	a.	b.	a.	b.	a.	b.	a.	b.	a.	b.	a.	b.	a.	b.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)
1 ..	26	2 (2)	27·0	2,055	63,036	276	7,849	2	9	66	3,300	41	1,043	1	—	2,441	75,237	1,290	44,373	31	246	733	62,333
2 ..	24	6 (1)	27·0	2,541	70,480	117	3,739	15	112	60	2,076	45	448	1	2	2,779	76,857	1,501	56,216	45	278	702	65,279
3 ..	24 (1)	5 (1)	27·0	2,536	63,875	174	4,712	21	216	55	2,977	10	176	5	31	2,801	71,987	1,614	54,570	25	109	719	59,344
4 ..	21	15 (3)	29·3	2,602	69,175	411	13,961	15	245	37	1,519	15	158	—	—	3,080	85,058	1,750	54,625	81	787	804	68,131
5 ..	20	7 (2)	24·1	2,350	50,942	189	4,460	3	30	40	1,276	27	252	—	—	2,609	56,960	1,430	37,882	55	501	637	43,218
6 ..	39 (1)	6 (1)	42·4	3,841	103,944	541	17,106	55	523	106	5,508	66	487	1	3	4,610	127,571	2,438	83,950	133	921	1,230	97,782
7 ..	33 (1)	10 (1)	38·3	4,136	92,626	207	6,739	31	127	132	5,934	32	228	—	—	4,538	105,654	2,461	66,789	104	624	1,101	81,583
8 ..	26	4 (1)	28·1	2,453	61,073	234	6,813	21	224	110	7,021	54	518	14	84	2,886	75,733	1,456	46,778	87	423	745	56,895
9 ..	30	4 (2)	32·0	2,632	61,573	187	2,980	10	71	163	7,886	28	214	2	2	3,022	72,726	1,835	48,697	44	228	841	58,960
10 ..	31	2 (1)	32·0	2,561	65,002	358	11,989	8	85	88	3,979	46	524	3	56	3,064	81,635	1,758	54,536	37	413	811	60,498
COUNTY ..	274 (3)	61 (15)	307·2	27,707	701,726	2,694	80,348	181	1,642	857	41,476	364	4,048	27	178	31,830	829,418	17,533	548,416	642	4,530	8,323	654,023

a. Numbers of cases attended by home nurses during the year.      b. Numbers of visits paid by home nurses during the year.  
The figures in parentheses relate to supervisors and are included in the total.





TABLE 35  
DOMESTIC HELP

Area.  (1)	Number of home helps employed at 31st December, 1959.		Equivalent of whole-time services devoted by home helps in columns 2 and 3.	Number of cases in which domestic help was provided during 1959.				
	Whole-time.  (2)	Part-time.  (3)		Maternity (including expectant mothers).	Tuberculosis.	Chronic sick including aged and infirm.	Others.	Total.
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	5	119	78.1	195	51	734	266	1,246
2	1	123	70.6	192	35	999	258	1,484
3	5	164	97.0	113	41	1,462	139	1,755
4	2	55	39.7	205	10	547	293	1,055
5	1	58	35.1	292	14	597	225	1,128
6	3	118	78.5	146	33	931	466	1,576
7	3	261	171.0	263	37	1,552	271	2,123
8	32	144	111.0	254	40	663	287	1,244
9	36	180	149.7	147	22	1,355	133	1,657
10	3	140	92.7	259	32	910	440	1,641
COUNTY ..	91	1,362	923.4	2,066	315	9,750	2,778	14,909

## Mental Deficiency

TABLE 36  
ASCERTAINMENT

Particulars of cases reported during 1959.	Males.	Females.	Total.
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with":— Action taken on reports by:— (i) Local education authorities on children:— While at school or liable to attend school .. 42 39 81 On leaving special schools .. .. 34 28 62 On leaving ordinary schools.. .. — — — (ii) Police or by courts .. .. 3 2 5 (iii) Other sources .. .. 34 29 63			
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground 68 54 122			
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b) .. .. 33 13 46			
d) Cases reported in which action was incomplete at 31st December, 1959, and are thus excluded from (a) or (b) .. .. 15 12 27			
Total number of cases reported during the year..	229	177	406

TABLE 37  
DISPOSAL OF CASES REPORTED DURING 1959

Disposal of cases.	Males.	Females.	Total.
a) Of the cases ascertained to be defectives "subject to be dealt with":— (i) Placed under statutory supervision .. .. 100 79 179 (ii) Placed under guardianship .. .. 1 1 2 (iii) Placed under informal foster care .. .. — 1 1 (iv) Taken to "places of safety" .. .. — — — (v) Admitted to hospitals .. .. 7 15 22			
(b) Of the cases not ascertained to be defectives "subject to be dealt with":— (i) Placed under voluntary supervision .. .. 15 17 32 (ii) Action unnecessary .. .. 53 36 89			
(c) Cases reported at (a) or (b) above who removed from the area, or died before disposal was arranged .. 5 3 8			
Total .. ..	181	152	333



TABLE 38

PARTICULARS OF MENTAL DEFECTIVES ON REGISTERS AT 31ST DECEMBER, 1959

Mental Defectives.					Males.	Females.	Total.
a) Number of ascertained mental defectives found to be "subject to be dealt with":—							
(i) Under statutory supervision:—							
	Under 16 years of age	..	..	..	388	275	663
	Age 16 years and over	..	..	..	690	664	1,354
(ii) Under guardianship:—							
	Under 16 years of age	..	..	..	12	16	28
	Age 16 years and over	..	..	..	82	68	150
(iii) In places of safety:—							
	Under 16 years of age	..	..	..	—	—	—
	Age 16 years and over	..	..	..	—	—	—
(iv) In hospitals:—							
	Under 16 years of age	..	..	..	275	181	456
	Age 16 years and over	..	..	..	1,257	1,110	2,367
(b) Number of cases not ascertained to be defectives "subject to be dealt with," under voluntary supervision:—							
	Under 16 years of age	..	..	..	7	7	14
	Age 16 years and over	..	..	..	175	149	324
Total .. .. .					2,886	2,470	5,356

TABLE 39  
I—GUARDIANSHIP

<hr/>								
Cases admitted to guardianship orders:—								
By petition or varying orders .. .. .	..	..	..	..	..	..	..	11
By Order of the Court .. .. .	..	..	..	..	..	..	..	—
								<hr/>
Total .. .. .	..	..	..	..	..	..	..	11
								<hr/>
Cases transferred:—								
From one guardian to another .. .. .	..	..	..	..		..	..	18
From guardianship to institution .. .. .	..	..	..	..	..	..	..	5
								<hr/>
Total .. .. .	..	..	..	..	..	..	..	23
								<hr/>
Cases discharged from guardianship orders:—								
By operation of law .. .. .	..	..	..	..	.	.	..	5
By authority of the Board of Control .. .. .	..	..	..	..	..	..	..	24
By parent's request (Sect. 3 order) .. .. .	..	..	..	..	..	..	..	—
By authority of the Middlesex Visitors .. .. .	..	..	..	..	..	..	..	—
								<hr/>
Total .. .. .	..	..			..	..	..	29
								<hr/>
Leaves of absence granted .. .. .	..	..	..	..	..	..	..	75
Orders reconsidered and confirmed .. .. .	..	..	..	..	..	..	..	50
Cases transferred to Lunacy Act .. .. .	..	..	..	..	..	..	..	—
Deaths .. .. .	..	..	..	..	..	..	..	4
								<hr/>

## II—INFORMAL FOSTER CARE

Cases placed under informal foster care	..	..	..	..	..	..	19
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TABLE 40  
Institutional Care, 1959

Cases admitted to hospitals .. .. .	115*
Cases in hospitals on 31st December, 1959 .. .. .	2,823
Detention orders obtained (Section 6) .. .. .	7
Cases detained by court order (Section 8) .. .. .	5
Cases detained by Home Office order (Section 9) .. .. .	—
Cases admitted under Section 3 orders .. .. .	—
Cases informally admitted .. .. .	98
Cases admitted to approved homes .. .. .	—
Cases admitted to places of safety .. .. .	1
Cases discharged from orders .. .. .	45
Cases discharged from approved homes .. .. .	—
Cases discharged from places of safety .. .. .	1
Cases discharged from Section 3 order .. .. .	1
Cases discharged from informal care .. .. .	25
Cases transferred from one institution to another .. .. .	29
Cases transferred to Lunacy Acts .. .. .	1
Cases discharged from Lunacy Acts .. .. .	1
Holiday leaves of absence granted .. .. .	147
Revision of detention orders (home conditions reports) .. .. .	287
Cases on licence as at 31st December, 1959 .. .. .	26†
Deaths .. .. .	55
Cases admitted to regional hospital board institutions under para. 4 Ministry of Health Circular 5/52 .. .. .	167
Cases admitted to private homes under para. 2 Ministry of Health Circular 5/52 .. .. .	4

\* Includes 5 cases transferred from guardianship to institution. (See Table 39.)

† Excludes 20 cases from other authorities.

TABLE 41

### WORK OF MENTAL WELFARE OFFICERS AND LADY SUPERVISION OFFICERS

#### *Lunacy and Mental Treatment Acts.*

Visits made by mental welfare officers (duly authorised) for all divisions .. .. .	16,067
Admissions to designated hospitals by mental welfare officers (duly authorised) .. .. .	1,890
Number of patients certified under the Lunacy Acts .. .. .	948
Admissions to mental hospitals by mental welfare officers (duly authorised) under temporary certification .. .. .	301
Admissions of voluntary patients to mental hospitals assisted by mental welfare officers (duly authorised) .. .. .	1,775

#### *Mental Health Act, 1959*

Informal admission of patients to hospitals assisted by mental welfare officers .. .. .	377
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#### *Mental Deficiency Acts.*

##### Visits to defectives under County Council's community care:—

(i) Statutory supervision .. .. .	4,489
(ii) Voluntary supervision .. .. .	1,224
(iii) Guardianship .. .. .	350
(iv) Miscellaneous .. .. .	1,315

##### Visits in connection with institutional cases:—

(i) Leave and licence .. .. .	330
(ii) Section 11 .. .. .	293
(iii) Miscellaneous .. .. .	96

Visits to defectives on behalf of other local health authorities .. .. .	24
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8,121



Ambulance Service

TABLE 42

ANALYSIS OF HOW PATIENTS WERE CARRIED

By Directly Provided Services.

(i) Accident and emergency calls	..	..	..	..	..	46,744	
(ii) Other removals	..	..	..	..	..	692,191	
							738,935

By Supplementary Services.

(i) British Red Cross—Home Ambulance and Civilian Invalid Transport	..	..	..	..	..	3,147	
(ii) Hospital car service	..	..	..	..	..	45,618	
(iii) Railways	..	..	..	..	..	818	
(iv) Hired cars and coaches	..	..	..	..	..	—	
(v) Mental cases transported by mental welfare officers	..	..				2,456	
(vi) Other Ambulance Authorities	..	..	..	..	..	12	
							52,051
							790,986

Mileage Analysis.

(i) By County Service vehicles	..	..	..	..	..	3,245,198	
(ii) British Red Cross and other Ambulance Authorities	..	..				32,494	
(iii) Hospital car service	..	..	..	..	..	461,530	
(iv) Hired cars	..	..	..	..	..	—	
(v) Mental cases transported by Mental Welfare officers	..	..				70,729	
							3,809,951

ESTABLISHMENT OF DRIVER-ATTENDANTS.

Approved establishment of driver-attendants on 1st January, 1959	..	..				565	
Actual strength on 1st January, 1959	..	..	..	..	..	542	
Deficiency of	..	..	..	..	..		23
Approved establishment of driver-attendants on 31st December, 1959	..	..				565	
Actual strength on 31st December, 1959	..	..	..	..	..	544	
Deficiency of	..	..	..	..	..		21

# Follow-up of Registered Blind and Partially Sighted Persons

TABLE 43

	Cause of disability.				
	Cataract.	Glaucoma.	Retrolental fibroplasia.	Myopia.	Others.
(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends:—					
(a) No treatment ..	53	45	1	4	251
(b) Treatment (medical, surgical or optical) ..	80	28	—	3	63
(ii) Number of cases at (i) (b) above which on follow-up action:—					
(i) Have completed treatment ..	19	—	—	3	15
(ii) Treatment started, but not completed ..	—	20	—	—	33
(iii) Awaiting treatment .. ..	40	6	—	—	8
(iv) Refused treatment .. ..	15	1	—	—	2
(v) Died or removed from County ..	6	1	—	—	5

## Ophthalmia Neonatorum

TABLE 44

(i) Total number of cases notified during the year .. .. .	18
(ii) Number of cases in which:—	
(a) Vision lost .. .. .	—
(b) Vision impaired .. .. .	—
(c) Treatment continuing at end of year .. .. .	1



SOME STATISTICS ON THE HOME NURSING SERVICE IN THE COUNTY OF MIDDLESEX FOR 1958.

Following the introduction on the 1st January, 1958, of the Cope-Chat method of recording and analysing statistics of the Home Nursing Service, it was subsequently agreed at a Staff Conference that four statistical tables should be returned by the area medical officers. It was considered that in the first instance these returns should be made in respect of 1958 only and that a decision on the frequency or discontinuance of the return should then be made having regard to the value of the information gained.

A table summarising the main figures is set out on pages 113 and 114.

*Conditions or diseases attended.*—34,541 cases were treated during 1958, and ranged from 2,559 in area 5 to 5,285 in area 6.

The following six conditions account for one-half of the total number treated:—

Condition treated	No. treated.	Per cent. of total.
(1)	(2)	(3)
Diseases of the heart and arteries .. .. .	5,990	17·3
Other respiratory diseases .. .. .	3,499	10·1
Malignant and lymphatic neoplasms .. .. .	2,166	6·3
Constipation .. .. .	1,922	5·6
Anaemias .. .. .	1,877	5·4
Senility .. .. .	1,830	5·3

Diseases of the heart and arteries manifestly form the largest single group under treatment and amount to more than one of every six cases on the registers.

*Treatment.*—Injections were the most frequent form of treatment given by the home nurses and represent 44 per cent. of all kinds of treatment classified. Eighteen per cent. of the cases were given general nursing care, 10 per cent. received dressings and an almost similar proportion had blanket baths.

The six remaining classified treatments accounted for 18 per cent. of all treatments.

*Age and Sex.*—Fifty-six per cent. of the total cases were aged 65 years or more and this group was twice as numerous as those between the ages of 40 and 64 years (28 per cent). 766 cases (2 per cent.) were under 5 years and 935 (3 per cent.) were between five and 15 and the remaining 11 per cent. between 16 and 39 years of age.

For each of the following conditions more than half of the cases were in persons aged 65 or over.

Condition.	Percentage of all cases aged 65 years or over
(1)	(2)
Vascular lesion of the C.N.S. .. .. .	84
Diseases of the heart and arteries .. .. .	77
Diabetes .. .. .	72
Diseases of the veins .. .. .	70
Diseases of the bones, joints and muscles .. .. .	69
Diseases of the breast and female genital organs .. .. .	62
Injuries .. .. .	61
Anaemias .. .. .	60
Malignant and lymphatic neoplasms .. .. .	54
Diseases of the eye .. .. .	54
Constipation .. .. .	52

The percentage of all cases aged 65 or over ranged from 52 in area 7 to 66 in area 2.

The overall sex ratio was 1·9: 1 in favour of females. The lowest ratio was in area 9 (1·7: 1) and the highest in area 2 (2·3: 1).

With the exception of tuberculosis and diseases of the urinary system, females outnumbered males for each condition classified, especially for the following where 70 per cent. or more of the cases attended were females:—

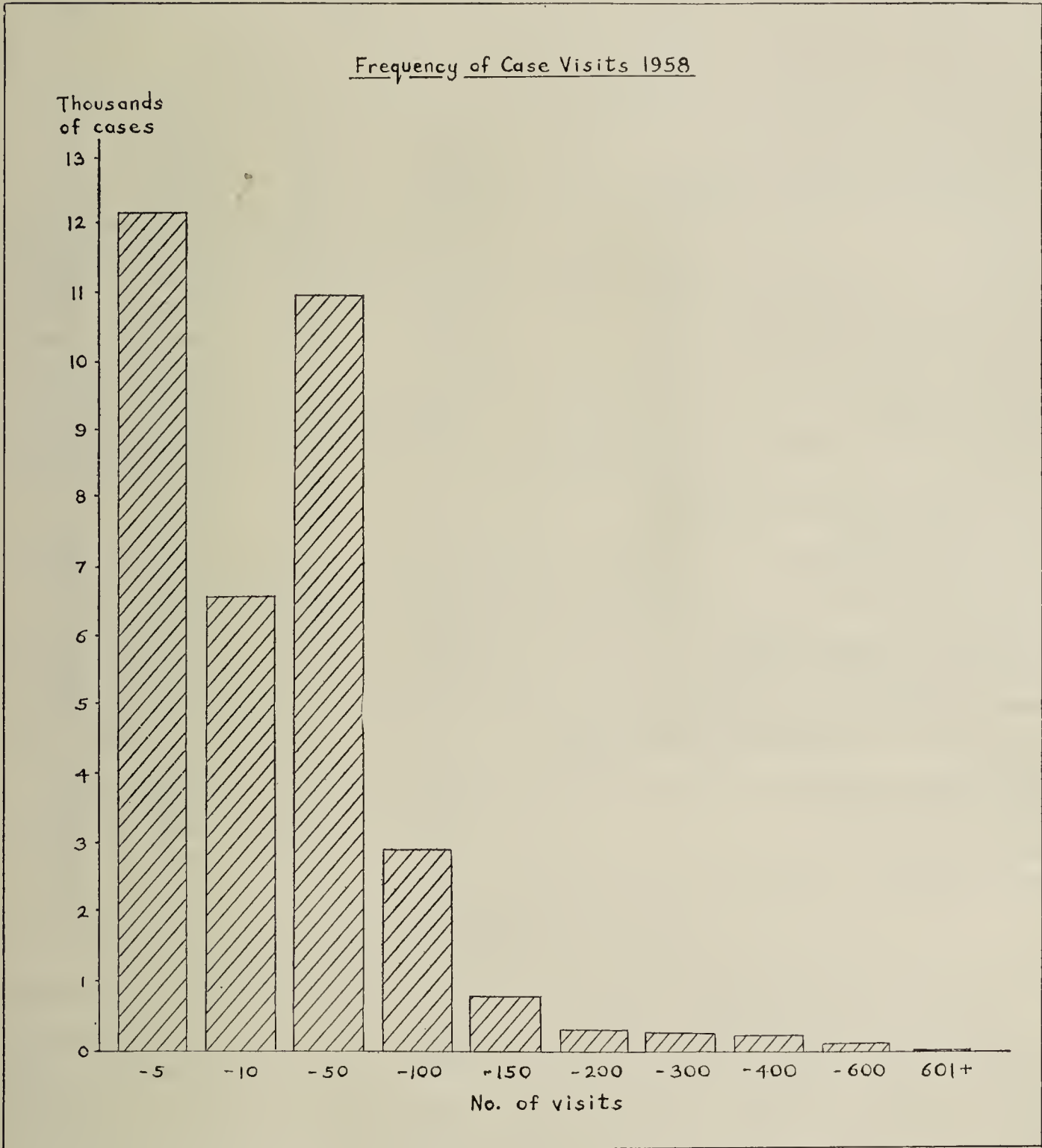
Condition	Percentage of female cases to total (all ages)
(1)	(2)
Diseases of the bones and joints .. .. .	82
Anaemias .. .. .	81
Diabetes .. .. .	80
Diseases of the veins .. .. .	79
Senility .. .. .	74
Injuries .. .. .	74
Other infectious diseases .. .. .	70
Diseases of the eye .. .. .	70

*Visits.*—The data concerning visits are summarised in cols. (19)–(28) which classifies the cases according to the number of visits paid during the year.

The chart on page 107 gives a simple representation of the distribution irrespective of the disease or of the treatment given and shows that the distribution is markedly asymmetrical and also bi-modal inasmuch as 35 per cent. of all cases received between one and five visits and a further 32 per cent. received between 11 and 50 visits.

As many as 19 per cent. however were visited between 6 and 10 times, whilst visits to the remaining 14 per cent. were scattered over a wide range of 51 or more. Five patients were visited on more than 600 occasions during the year.

If a simple arithmetic mean had been calculated from the absolute number of visits and cases provided by area medical officers in their quarterly statistical returns, it would have given an average number of visits per case of 26, which, although correct arithmetically, is wholly artificial.





The following table distinguishes between cases which received up to 50 visits and those who received more than 50 visits during the year.

The former cases are also shown as a percentage of all cases.

Condition or Disease.  (1)	No. of visits paid.			Per cent. of cases who had 50 visits or less.  (5)
	1-50 (2)	51 or more. (3)	Total. (4)	
Diseases of the heart or arteries .. ..	4,785	1,205	5,990	80
Other respiratory diseases .. ..	3,399	100	3,499	97
Malignant and lymphatic neoplasms .. ..	1,871	295	2,166	86
Constipation .. ..	1,907	15	1,922	99
Anaemias .. ..	1,651	226	1,877	88
Senility .. ..	1,570	260	1,830	86
Other diseases of the digestive system .. ..	1,649	65	1,714	96
Vascular lesions of the C.N.S. .. ..	1,338	247	1,585	84
Diseases of the skin .. ..	1,457	91	1,548	94
Diseases of the bones, joints and muscles .. ..	1,154	320	1,474	78
Diabetes mellitus .. ..	640	630	1,270	50
Diseases of the breast and female genital organs	1,126	62	1,188	95
Tuberculosis .. ..	712	458	1,170	61
Other mental and nervous diseases .. ..	821	302	1,123	73
Diseases not specified .. ..	1,059	14	1,073	99
Upper respiratory diseases .. ..	952	5	957	99
Diseases of the veins .. ..	634	248	882	72
Injuries .. ..	668	70	738	91
Diseases of the urinary system .. ..	600	105	705	85
Other defined or ill-defined diseases .. ..	486	40	526	92
Diseases of the ear .. ..	429	2	431	100
Complications of pregnancy and the puerperium .. ..	333	7	340	98
Other infectious diseases .. ..	259	7	266	97
Diseases of the eye .. ..	99	26	125	79
Asthma .. ..	102	13	115	89
Parasitic diseases .. ..	26	1	27	96
	29,727	4,814	34,541	86

If the frequency of visits can be accepted as a broad criterion it becomes possible to class cases as acute or chronic in order to give some indication of the extent to which the home nursing service is reducing the demand for hospital beds. Column (5) of the table shows the proportion of acute cases (and therefore of the chronic cases also) for each condition.

If this arbitrary measure is acceptable then it appears that approximately 30,000 cases or 86 per cent. of all patients may be termed acute, whilst the remaining 4,800 might be regarded as chronic and that a number of these would be regarded as potential hospital bed cases.

Having regard to the shape of the frequency distribution it is probable that only a small proportion of cases in column (2) received as many as 50 visits, which strengthens the argument in favour of their being regarded as genuine acute cases.

*Source of referral.*—More than three of every four cases who were attended were referred by general practitioners. Of the remainder, 15 per cent. (5,340) were referred by hospitals and a further 6 per cent. either made direct application or were referred by Medical Officers of Health or by Chest Physicians in almost equal proportions.

The following conditions account for more than three quarters of the cases referred by hospitals—

Condition.	No. referred by hospitals.	Per cent. of all such cases attended.	Per cent. of total cases (all diseases referred by hospitals).
(1)	(2)	(3)	(4)
Other diseases of the digestive system .. ..	828	48	16
Diseases of the heart and arteries .. ..	642	11	12
Malignant and lymphatic neoplasms .. ..	528	24	10
Diabetes mellitus .. ..	459	36	9
Diseases of the urinary system .. ..	205	29	4
Diseases of the skin .. ..	233	15	4
Anaemias .. ..	234	12	4
Diseases of the bones, joints and muscles .. ..	217	15	4
Tuberculosis .. ..	191	16	4
Diseases not specified. . . . .	543	51	10
	4,080	—	76

The cases most frequently referred by hospitals were those suffering from other diseases of the digestive system, diseases of the heart and arteries and from malignant and lymphatic neoplasms. Almost one-half of all cases attended for digestive disorders were referred by hospitals. Similarly a large proportion (36 per cent.) of diabetic cases were also referred from hospitals.

The proportion of hospital referrals to total cases varied greatly from area to area as the following table shows:—

PERCENTAGE OF CASES REFERRED FROM HOSPITALS  
TO TOTAL REFERRALS

Area.	Total Cases.	Cases referred by hospitals.	Per cent. of cases referred by hospitals.
(1)	(2)	(3)	(4)
1 .. ..	2,654	419	16
2 .. ..	2,900	454	16
3 .. ..	3,173	789	25
4 .. ..	3,275	321	10
5 .. ..	2,559	360	14
6 .. ..	5,285	636	12
7 .. ..	4,867	906	19
8 .. ..	2,954	376	13
9 .. ..	3,503	652	19
10 .. ..	3,371	427	13
COUNTY ..	34,541	5,340	15



It is evident that a substantial number of “digestive” cases received post-operative care at home as 420 dressings are included in the treatments given for this condition. In addition, 355 patients were prepared for investigation in respect of this condition. This is another indication of the relief afforded to the hospital service in the way of reducing both in-patient and out-patient treatment, and illustrates that it is not restricted to the chronic cases.

Patients suffering from diseases of the heart and arteries and those suffering from (other) respiratory diseases were the most frequent cases referred by the general practitioners and together accounted for almost one-third of their total referrals.

Of a total of 707 referrals from Chest Physicians, 663 were cases of tuberculosis.

*Case loads and staff.*—The following table has been constructed to show the number of cases treated during the year in each area. The numbers have also been expressed as a case load per 1,000 population.

AREA CASE LOADS COMPARED WITH NURSES EMPLOYED.

Area	Popu- lation (mid 1958)	Cases attended		Expec- ted No. of cases based on County aver- age.	Actual No. of cases compared with expected No.		Aver- age visits per nurse per week year ended 30.6.59.	Staff allocation			
		Total	Case load per 1,000 popu- lation.		+			Pro- por- tional to popu- lation.	Pre- sent alloca- tion.	Aver- age No. em- ployed 1.9.58 to 31.3.59	If based on 1958 actual case load.
					No.	%					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	204,480	2,654	13.0	3,143	— 488	—15.5	57	28	26½	26½	24
2	170,580	2,900	17.0	2,622	+ 278	+10.6	58	23	27	25	25
3	214,370	3,173	14.8	3,295	— 122	— 3.7	60	29	27	24	28
4	220,580	3,275	14.8	3,390	— 115	— 3.4	63	30	29	25½	29
5	214,300	2,559	11.9	3,294	— 735	—22.3	45	29	24½	24½	23
6	299,900	5,285	17.6	4,609	+ 676	+14.7	64	41	43½	39	47
7	248,360	4,867	19.6	3,817	+1,050	+27.5	57	34	38	37	43
8	229,780	2,954	12.9	3,532	— 578	—16.4	57	32	27½	27	27
9	215,080	3,503	16.3	3,306	+ 197	+ 6.0	49	30	31½	31	32
10	229,570	3,371	14.7	3,528	— 157	— 4.5	52	32	32	32	30
Count- ty	2,247,000	34,541	15.37	34,536	—	—	56	308	306½	291½	308

It is noticeable that the case load or “demand” (col. (4)) varies considerably. The mean for the County as a whole is 15 per 1,000 population whilst the range is from 12 in Area 5 to 20 in Area 7.

The reasons for the differences are not known but some of the contributory factors may be due to variations in the sex, age and social structure of the area populations and also the proximity of, and the extent to which, local hospitals tend to make use of the domiciliary service.



Whatever the reasons, the fact remains that during the year in question there were marked differences among some areas in the proportions of their population who were referred for home nursing and it would seem that this pattern would tend to alter slowly rather than to fluctuate widely from year to year.

If this premise is true, then differences in real demand may be one of the main factors to consider when dealing with requests for additional nursing staff rather than with the population irrespective of the extent of the use it makes of the service.

### *Summary*

As a result of additional data becoming available more is now known of the use made of the Home Nursing Service in Middlesex.

The new information which first became available from 1st January, 1958, can only be considered absolutely and cannot be related to past years.

It is now known that diseases of the heart and arteries formed the greatest single group of patients treated and that the great majority of these cases were treated by the nurses by injection.

Injection was the most frequent mode of treatment and represented almost one-half of all treatments given, in fact all of the twenty-six conditions under which cases were classified were treated wholly or partly by injection.

More than half of the patients were aged 65 years or over and the number of females outnumbered males by almost two to one.

The majority of patients, in almost equal proportions, received between one and five visits, or between eleven and fifty visits.

It would appear that about 4,800 or 14 per cent. of all cases may be regarded as chronic sick some of whom may have otherwise required hospital beds.

The home nursing service also relieves pressure on the hospital service by treating early discharge post-operative cases and cases who may otherwise attend out-patients departments.

As might be expected the large majority of patients were referred by general practitioners but as many as 15 per cent. were directly referred by hospitals.

The demand on the service varies considerably from area to area although the causes are not known.

The figures do not of course reflect the total morbidity throughout the County and although only approximately three of every two hundred of the population were attended by the home nurses, they nevertheless, when viewed in absolute terms, represent a considerable amount of human misery and discomfort.



Disease or condition	No. of Cases.	Age Group.				Sex.		Treatment given										Visits Paid										Referral source				
		—15	16—39	40—64	65+	M.	F.	Injections	Blanket Baths	Enemas	Dressings	Change of Pessaries	Washouts, douches, etc.	General Nursing Care	Attendance at Minor Ops.	Prep. for Investigation	Other	1—5	6—10	11—50	51—100	101—150	151—200	201—300	301—400	401—600	600+	G.P.	M.O.H.	Hosp.	Chest Clinic	Direct
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)
Diseases of the heart and arteries .. .. .	5,990	4	56	1,337	4,593	2,291	3,699	4,927	385	42	105	9	11	937	—	3	229	1,169	895	2,721	933	203	44	19	5	1	—	5,135	95	642	2	116
Other respiratory diseases .. .. .	3,499	277	364	1,188	1,670	1,686	1,813	2,772	138	26	62	3	8	711	—	4	74	1,372	1,291	736	73	13	7	2	4	1	—	3,281	81	76	22	39
Malignant and lymphatic neoplasms .. .. .	2,166	11	69	917	1,169	865	1,301	377	183	148	507	9	116	1,103	—	2	89	564	411	896	185	61	26	12	8	2	1	1,559	47	528	8	24
Constipation .. .. .	1,922	173	181	559	1,009	741	1,181	18	17	1,818	6	21	43	51	—	23	71	1,716	99	92	8	5	1	1	—	—	—	1,775	37	90	—	20
Anaemias .. .. .	1,877	9	188	546	1,134	352	1,525	1,843	22	12	7	5	1	46	—	4	57	337	384	930	180	43	3	—	—	—	—	1,569	39	234	1	34
Senility .. .. .	1,830	—	—	48	1,782	480	1,350	76	832	36	40	5	10	1,062	2	3	136	488	298	784	168	47	20	19	6	—	—	1,614	41	113	—	62
Other diseases of the digestive system .. .. .	1,714	87	271	716	640	673	1,041	278	27	319	420	16	223	135	—	355	61	1,073	263	313	39	14	6	4	2	—	—	828	31	828	—	27
Vascular lesions of the central nervous system .. .. .	1,585	—	7	244	1,334	584	1,001	126	423	32	21	2	5	1,177	—	—	55	411	274	653	168	32	20	19	6	2	—	1,426	24	110	—	25
Diseases of the skin .. .. .	1,548	198	366	511	473	642	906	992	16	2	568	—	7	56	—	2	52	620	475	362	60	18	3	9	1	—	—	1,276	18	233	—	21
Diseases of the bones, joints and muscles .. .. .	1,474	23	54	381	1,016	268	1,206	358	600	12	118	4	4	495	—	4	92	285	233	636	181	59	23	34	21	2	—	1,196	19	217	—	42
Diabetes mellitus .. .. .	1,270	10	25	324	911	254	1,016	1,148	17	7	82	3	4	42	—	2	77	158	132	350	154	82	64	123	203	3	1	713	15	459	3	80
Diseases of the breast and female genital organs .. .. .	1,188	2	203	250	733	—	1,188	191	10	4	118	721	189	28	—	1	60	696	211	219	41	13	5	3	—	—	—	935	21	137	—	95
Tuberculosis .. .. .	1,170	26	474	551	119	672	498	1,110	11	2	43	1	1	30	—	—	52	113	97	502	305	94	46	9	3	—	1	270	33	191	663	13
Other mental and nervous diseases .. .. .	1,123	9	109	476	529	343	780	323	380	48	29	5	13	477	—	1	56	186	156	479	166	59	24	27	20	4	2	952	14	124	1	32
Diseases not specified .. .. .	1,073	75	156	500	342	405	668	118	12	219	118	12	87	44	4	428	82	878	76	105	12	2	—	—	—	—	—	485	18	543	1	26
Upper respiratory diseases .. .. .	957	196	417	241	103	373	584	878	7	7	8	—	2	66	—	1	15	593	288	71	3	1	—	—	—	1	—	920	15	12	1	9
Diseases of the veins .. .. .	882	2	36	230	614	188	694	164	18	12	720	2	2	39	—	4	44	156	139	339	118	69	32	24	5	—	—	686	13	164	—	19
Injuries .. .. .	738	71	62	158	447	192	546	103	120	2	321	1	1	231	—	1	57	209	177	282	53	9	3	4	1	—	—	502	16	183	1	36
Diseases of the urinary system .. .. .	705	70	117	170	348	410	295	146	35	14	258	5	253	82	13	9	29	290	149	161	50	27	13	8	5	2	—	471	15	205	2	12
Other defined or ill defined diseases .. .. .	526	63	98	153	212	179	347	161	39	45	173	—	36	72	4	19	41	226	102	158	24	8	4	2	1	1	—	370	9	135	—	12
Diseases of the ear .. .. .	431	286	68	58	19	185	246	398	—	—	23	—	3	1	—	1	13	253	136	40	1	1	—	—	—	—	—	408	4	18	—	1
Complications of pregnancy and the puerperium .. .. .	340	5	322	13	—	—	340	208	1	4	56	1	22	50	—	—	26	138	110	85	7	—	—	—	—	—	—	280	16	41	—	3
Other infectious diseases .. .. .	266	58	30	82	96	80	186	201	7	6	29	—	2	28	—	—	17	111	84	64	2	3	1	1	—	—	—	241	6	13	—	6
Diseases of the eye .. .. .	125	23	12	22	68	38	87	33	8	1	19	—	2	7	—	2	65	35	20	44	16	3	2	3	2	—	—	82	1	36	1	5
Asthma .. .. .	115	4	15	55	41	43	72	105	1	1	1	—	—	10	—	—	3	29	30	43	8	2	—	2	1	—	—	105	1	5	1	3
Parasitic diseases .. .. .	27	19	4	1	3	10	17	1	1	11	3	7	4	—	—	—	—	19	2	5	—	1	—	—	—	—	—	24	—	3	—	—
All diseases or conditions .. .. .	34,541	1,701	3,704	9,731	19,405	11,954	22,587	17,055	3,310	2,830	3,855	832	1,049	6,980	23	869	1,553	12,125	6,532	11,070	2,955	869	347	325	294	19	5	27,103	629	5,340	707	762





**MODIFICATIONS TO THE PROPOSALS (APPROVED BY THE MINISTER) OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 27 OF THE NATIONAL HEALTH SERVICE ACT, 1946.**

**Ambulance Service.**

The County Council will, in accordance with consequential modifications or amendments of its Proposals to be made later, operate the Ambulance Service separately from the Fire Service, except that the County Council will continue the present arrangements whereby repairs to vehicles are carried out as far as possible at the workshops provided and maintained by the County Council for the Fire and Ambulance Services.

**MODIFICATIONS TO THE PROPOSALS (APPROVED BY THE MINISTER) OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946.**

**Part II, Section B(2)—Prevention of Tuberculosis**

The County Council will also make arrangements to offer B.C.G. vaccination to (i) school children who are approaching 13 years of age and can conveniently be vaccinated along with others of that age; (ii) school children of 14 years of age or older; and (iii) students attending universities, teacher training colleges, technical colleges or other establishments of further education. The vaccination will be carried out on the responsibility of the Medical Officer of Health in consultation as appropriate with the School Medical Officer. The authority will also offer vaccination to such other persons or groups of persons as may from time to time be approved by the Minister.

**Part II, Section C—Mental Health.**

*Delete* from Proposal “ (f) ” the words “ mental defectives ” and substitute the words “ mentally disordered persons.”

*Add* new Proposal “ (i) ”

The County Council will provide residential accommodation for mentally disordered persons (without necessarily dealing with them under the existing Acts relating to Mental Deficiency or Mental Illness) either itself or in homes provided by a voluntary organisation or otherwise or by boarding out in private households.

## PUBLICATIONS BY MEMBERS OF THE STAFF

### A TRIAL OF HEXYLRESORCINOL AS AIR DISINFECTANT IN DAY NURSERIES

by A. ANDERSON, M.D., D.P.H.

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*(The following article appeared in "The Medical Officer" on 23rd October, 1959, and is reproduced by kind permission of the editor.)*

A striking feature of wartime day nurseries was the "running noses" of the children. This condition occurred in almost all of the children and seemed to be little influenced by season. Even after the war when the nurseries were no longer filled to capacity this chronic nasal condition persisted so consideration was given to the possible use of some form of air disinfectant.

The report by the Medical Research Council (1954) indicated that little could be expected from irradiation by ultra-violet light. Twort and Baker (1942) recommended hexylresorcinol for use as an air disinfectant, and Dickson (1953) reported a decrease in staff sickness absence in offices where hexylresorcinol had been dispersed by "aerovap" vaporisers. In the light of this it was decided to test hexylresorcinol as an air disinfectant in day nurseries.

Four day nurseries were selected initially and in all the rooms used by children arrangements were made with Shepherd's Aerosols, Ltd., for the installation of "aerovap" vaporisers. These were electrically heated pots designed to yield 30 mg. hexylresorcinol per hour and dispersal of the vapour around the rooms was dependent on natural air currents. Each was fitted with a red light to indicate when electric current was flowing. The vaporisers were switched on during the time the nurseries were open—7 a.m. to 6 p.m., Mondays to Fridays. Messrs. Shepherd's Aerosols, Ltd., also prepared inert fillings and the vaporisers in the nurseries were fitted with active or inert fillings in accordance with a plan prepared by Dr. D. D. Reid of the Statistical Department of the London School of Hygiene and Tropical Medicine. The trial began in June, 1956, changes in the fillings were carried out at 10-week intervals, and the day nursery staffs were not told that inert fillings were being used.

Owing to changes in day nursery policy some of the nurseries in the initial selection were closed during the trial, but the apparatus was transferred to other nurseries. All nurseries admitted children aged 0-5 years and those used in the trial were as follows:—

Nursery 1	..	..	Prefabricated unit—50 places.
Nursery 1	(a)	..	Adapted private house—50 places.
Nursery 2	..	..	Prefabricated unit—50 places.
Nursery 3	..	..	Adapted private house—50 places.
Nursery 3	(a)	..	Adapted private house—34 places.
Nursery 4	..	..	Adapted private house—54 places.

The scheme for the use of active (A) and inert (C) fillings in the vaporisers is shown in Table 1.



TABLE I

Nursery	PERIOD													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1 .. ..	A	A	C	C	closed									
1 (a) .. ..						A	C	C	A	A	C	C	A	A
2 .. ..	A	C	C	A	A	C	C	A	A	C	C	closed		
3 .. ..	C	C	A	A	closed									
3 (a) .. ..						C	A	A	C	C	A	A	C	C
4 .. ..	C	A	A	C	C	A	A	C	C	A	A	C	C	A

Messrs. Shepherd's Aerosols, Ltd., supplied hygrometers which were read daily by the day nursery staff. The readings varied considerably, but the average relative humidity recorded was 56 per cent. The staff were not familiar with the instruments and little reliance can be placed on the accuracy of the readings.

At the start of the investigations there were 116 children on the registers of the selected day nurseries, during the trial 213 children were admitted, and at the conclusion of the trial there were 68 children on the registers of the three nurseries still in operation. At the beginning of each period a card was prepared for each child on the day nursery registers and during each period for any new admission. On each card were recorded (a) name and address, age, and past history of infectious disease; (b) all absences and the reason for such absence and weekly; and (c) whether or not the child had a "running nose." Item (c) was recorded by the Matron or Deputy Matron at 11 a.m. each Thursday. The day was selected as being towards the end of the day nursery week and the time as being sufficiently long after the routine nose toilet and handkerchief drill which took place each morning soon after the admission of the children.

During the 140 weeks of the trial a total of 14,611 days of absence of children was recorded. The reasons for such absence fell into two main groups—(a) personal illness of the children, and (b) domestic circumstances rendering it unnecessary to incur the expense of nursery care, *i.e.*, mother on holiday; older children at home; grandmother temporarily available to care for the child, etc. The distribution of the absences was as follows:—

	<i>Aerovap</i>	<i>Control</i>
	Days	Days
Personal illness .. ..	3,539	3,365
Domestic .. ..	3,681	4,026

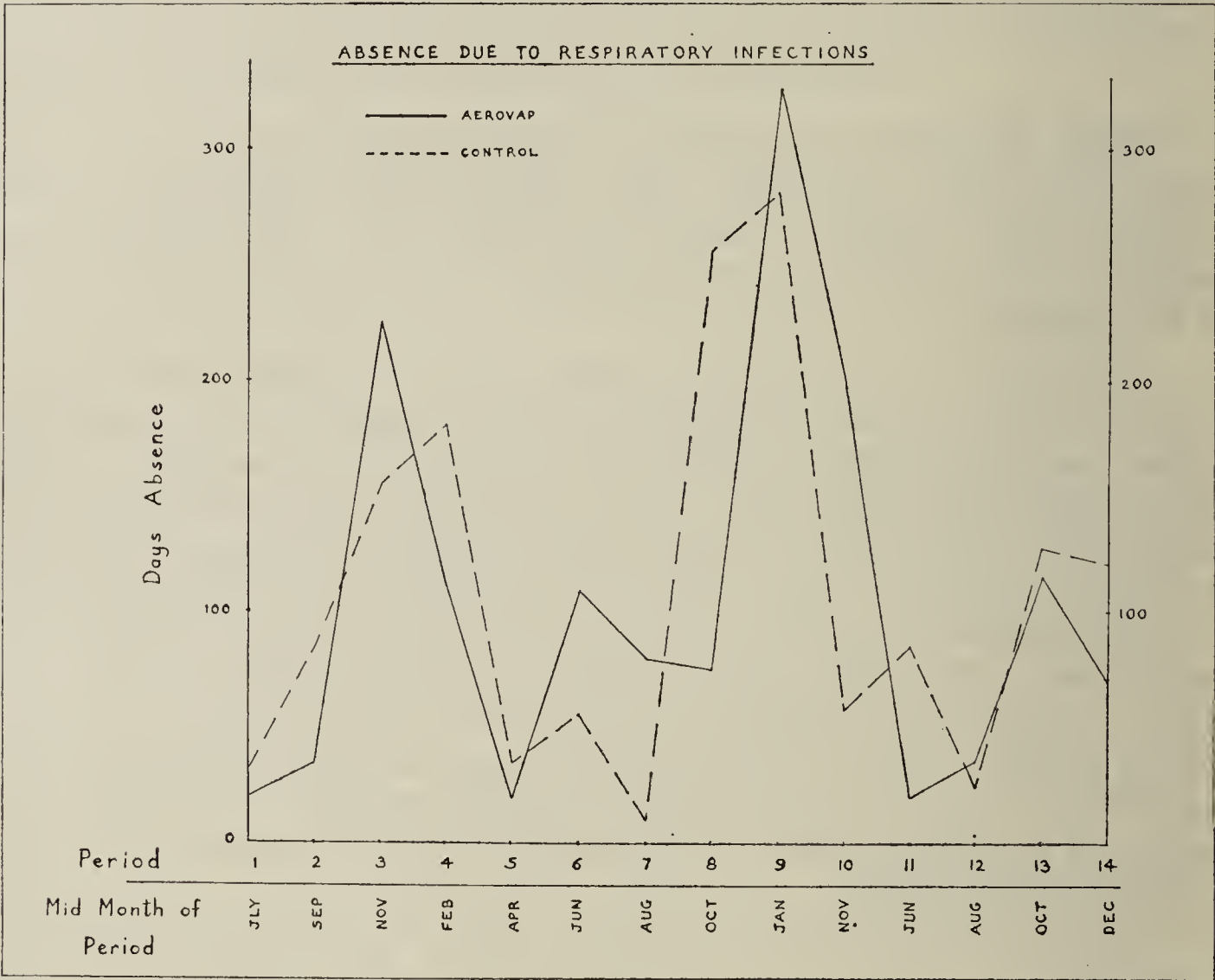
In this area the absence rate in the day nurseries has always been high. No attempt was made to compare the general absence during the trial period with previous years, but the matrons all agreed that they noticed no significant difference.

The main causes of personal illness were: (a) Respiratory tract infections (colds, tonsillitis, pharyngitis, bronchitis, pneumonia, etc.), and (b) infectious diseases. The days of absence due to these two causes are shown below:—

	<i>Aerovap</i>	<i>Control</i>
Respiratory tract infections ..	1,443 (41%)	1,513 (45%)
Infectious diseases .. .. .	1,529 (43%)	1,181 (35%)

The percentages indicate the proportion of personal illness due to these causes. The differences are not very striking and Fig. 1 shows the days of absence due to respiratory tract infections through the periods of the trial. The pattern is much the same in both groups and shows a normal seasonal variation.

FIG. 1  
*Absence Due to Respiratory Infections*



At one time or other during the trial absence due to infectious disease was recorded in all the nurseries. Each time, on the occurrence of the first case, the number of susceptibles in the nursery could be ascertained from the infectious disease history on the record cards. Any child, not recorded as having suffered from the disease and having been in contact with the first case during the three days prior to diagnosis, was counted as a susceptible. The frequency of infectious disease incidents and the rate of development of subsequent cases are shown in Table 2. It will be noted that on 11 occasions no subsequent cases occurred. This, in the presence of young susceptible contacts, gives rise to doubt about the diagnosis in these cases. On 11 occasions there was spread of the infection within the nursery. It is particularly difficult to detect the effect of any environmental measure on the spread of infectious disease especially when the children are subject to that measure only for part

of the time of their total exposure to risk. A study of Table 2 fails to reveal any effect of hexylresorcinol on the spread of infectious disease. Throughout the trial there was no outbreak of gastro-enteritis or dysentery in any of the nurseries.

The presence or absence of "running nose" at 11 a.m. on Thursday mornings was recorded simply as "wet" or "dry." As would be expected a number of children were absent each Thursday and the extent of these absences is shown below in relation to the records made:—

				"Wet"	"Dry"	Absent
Aerovap	..	..	..	1,883	3,432	1,056
Control	..	..	..	1,991	3,623	1,007

The proportion of possible observations lost by absence of the children was 16·6 per cent. in the aerovap group and 15·2 per cent. in the control group. In both groups the ratio of "wet" to "dry" readings was 1 to 1·82. The range of variation throughout the 14 periods is shown in Fig. 2. The pattern does not follow the seasons as closely as that of respiratory tract infection. The highest and lowest recordings of wet noses occurred around October in the aerovap group and around January and December in the control group. Throughout the trial the proportion of "wet" noses was higher in some nurseries than in others, but this seemed to be linked to the staff making the observations rather than any other factor. A detailed study of the records in Nursery (4), where the same Matron and Deputy Matron were responsible for all the observations, gave results closely comparable with Fig. 1, and failed to

FIG. 2  
*Incidence of "Wet Noses"*

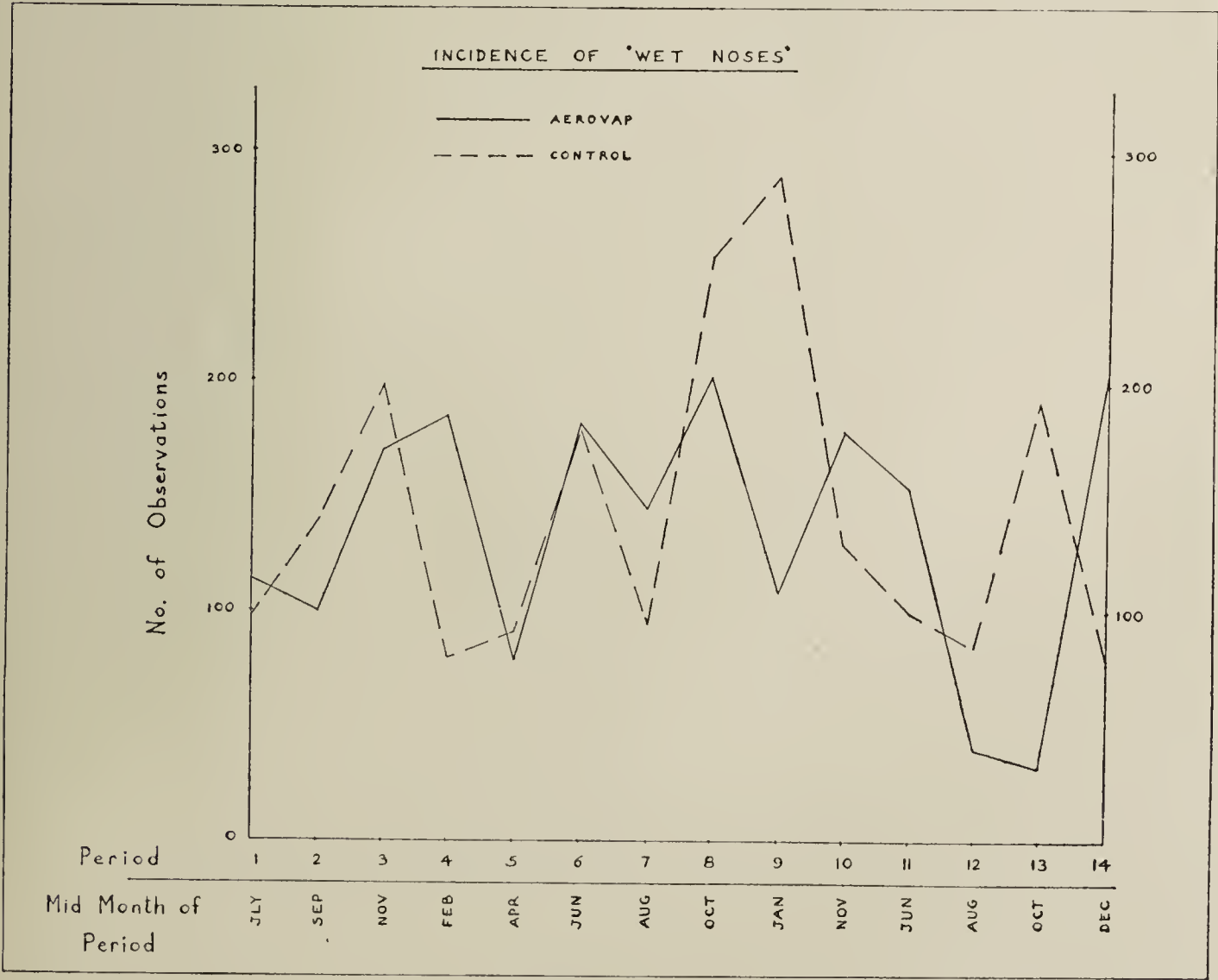






TABLE 2  
INFECTIOUS DISEASE INCIDENTS

	Disease	Number of susceptible contacts	Number of cases developing on specified days (day 1 = day of occurrence of first case)																													
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28+		
AEROVAP	Pertussis ..	30	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		23	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		27	1	—	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	
		24	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Measles ..	33	1	—	—	—	—	—	—	—	2	—	—	—	—	1	—	—	—	3	—	—	—	—	—	1	—	*	—	—	22	
		21	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Chicken-pox ..	26	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		34	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—	
		25	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Mumps ..	26	1	—	—	1	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Scarlet-fever ..	34	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		23	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
CONTROL	Pertussis ..	18	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		21	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Measles ..	18	1	—	—	—	—	—	—	—	—	1	—	—	—	2	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	3
		24	1	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		26	1	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	
		13	1	—	—	—	—	—	—	—	—	1	2	—	—	—	1	—	—	—	—	—	—	—	1	—	—	2	—	—	1	
	Chicken-pox ..	36	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		20	1	—	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	
	Mumps ..	34	1	—	—	—	—	—	—	1	1	—	2	—	—	—	—	—	—	—	—	*	—	—	2	—	—	—	—	—	—	3
		31	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

\* Change from aerovap to control or vice versa.





reveal any association between the incidence of "wet" noses and the presence or absence of hexylresorcinol. Lidwell and Williams (1954) found that the vaporisation of hexylresorcinol in office rooms had no detectable effect on the number of colds recorded by the staff.

### CONCLUSION

In considering the findings of the trial it should be noted that reasons for absence recorded were those given by the mothers or the person bringing the child to the nursey and frequently this information was available only at the end of the period of absence. An exception to this was infectious disease, as in most cases the nursery was informed early in the absence. Few of the diagnoses were confirmed by medical certificate, and to judge by notifications not many of the cases of infectious diseases were under medical care. It is impossible to say if colds and other infections originated in the nurseries, but the trial produced no evidence that vaporisation of hexylresorcinol in day nurseries had any influence on the incidence of "running noses" or respiratory tract infections or on the spread of infectious disease.

### SUMMARY

Hexylresorcinol was vaporised by electrical heat in the rooms occupied by the children in a group of day nurseries. For control purposes dummy vaporisers were used, changes made at 10-week intervals and the trial lasted 140 weeks. Records were kept of all absences of children and the reason given for such absences. A method was adopted in an attempt to assess the incidence of running noses among the children.

The vaporisation of hexylresorcinol had no detectable effect on the incidence of running noses, on the days of absence due to respiratory tract infection or on the spread of infectious disease in the nurseries.

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# THE PATTERN OF DOMICILIARY AND INSTITUTIONAL CONFINEMENTS IN EALING, 1958

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(The following article appeared in "The Medical Officer" on 30th October, 1959, and is reproduced by kind permission of the editor. Reference is made to the subject of the article in the body of the report on p. 27.)

This survey was prompted by an increase in the demand for domiciliary midwives in Ealing. The numbers of domiciliary and institutional births and the totals in the years 1952-58 inclusive are shown in Table 1.

TABLE 1

Year	Domiciliary Births	Institutional Births	Total Births
1952	488	2,006	2,494
1953	470	1,987	2,457
1954	498	1,860	2,358
1955	448	1,921	2,369
1956	546	2,026	2,572
1957	627	2,079	2,706
1958	740	1,948	2,688

The Borough of Ealing has a population of 183,000. The Area is served by the Obstetric Departments of two general hospitals, and a maternity hospital; the Central Middlesex has 79 maternity beds, the West Middlesex 80 beds, and the Perivale Maternity Hospital 52 beds.

In 1958 there were ten domiciliary midwives in Ealing, although this number has since been increased to 13.

The residential area consists mainly of private houses and flats, 46,979 in number, and there are some Council estates, containing 6,135 houses and flats, a total of 53,114 dwellings.

The health visitors were asked to interview and complete a questionnaire in respect of each woman in their district who had been confined in 1958, and with whom they came into contact during January to March, 1959. There were 899 women interviewed, 390 being primigravidae and 499 being multigravidae. The information obtained is analysed in Table 2.

TABLE 2

<i>Primigravidæ</i> 390					
Confined at				By choice	Not by choice
Home	..	..	..	20	10
Hospital		..	..	338	22
<i>Multigravidæ</i> 499					
Home	..	..	..	194	63
Hospital	..	..	..	196	46



*Primigravidæ*

All those who had their confinement at home (although they would have preferred hospital) said they enjoyed having their babies at home (10). However, half of those who had asked to have their babies at home (22), but had been advised to go to hospital, still wished they had been confined at home.

*Multigravidæ*

Among those who both wished for, and had confinement in hospital (196), only five had had opportunity for comparison, and gave the reason for their preference as freedom from domestic worry.

Amongst the 63 women who had asked for hospital and had been unable to get a bed, 32, on reflection, preferred home because they were with the family and had more personal attention. Six women would have preferred home if they could have obtained adequate and inexpensive domestic help. Twenty-five women still preferred hospital giving their reasons as (a) more rest (6); (b) freedom from domestic worries (7); (c) more security (5); and (d) vague reasons (7).

DISCUSSION

The statement that six people would have preferred a home confinement if they could have obtained adequate and inexpensive domestic help raises the question of the added expense to the mother of having her confinement at home. Possibly there were many more mothers to whom this question of expense was a material factor in choosing to have the confinement in hospital.

A reasonable estimate of this additional cost is:—

	£ s. d.						
Home Help (Cranbrook Report Appendix V, East Suffolk							
County Council Estimate, 1956)	..	..	..	..	11	10	0
Food for mother	..	..	..	..	2	10	0
Heating, lighting, &c.	..	..	..	..	1	10	0
Additional linen..	..	..	..	..	2	0	0
Extras—soap, bowls, &c.	..	..	..	..		10	0
Total					£18	0	0

Towards this expenditure the mother receives a home confinement grant of £5.

The Reading Borough Council gave their estimate (1956) for Home Help at £6 6s. 7d. In Ealing the average Home Help charge made to mothers in assessed cases for the financial year ending 31st March, 1959, was £4 per case. This estimate concerns those whose income is so low that they know they will get the Home Help at a diminished rate. Those who are asked to pay the full rate of 4s. per hour either make other arrangements or have a Home Help for a few days only.

The Cranbrook Committee state that “ the home confinement grant, at present £5, was we thought unlikely to cover the cost of food (which in hospital was provided free), minor equipment and the additional home help that the mother confined at home was likely to require. We consider that with the



changing value of money the amount of the home confinement grant should periodically be reviewed."

In 1946 the Population Investigation Committee and the Royal College of Obstetricians and Gynæcologists combined to make an inquiry into the social and economic factors of childbearing. All the women delivered in a single week were interviewed, and the Borough of Ealing was invited to participate in this inquiry. In urban areas throughout the country, 46 per cent. of confinements took place in institutions, but, in 1948, 78 per cent. of Ealing mothers were confined in institutions.

In the Cranbrook Report some witnesses suggested that every woman who wishes to have her baby in hospital should be allowed to do so, other witnesses thought that every woman should be actively encouraged to have her baby in hospital, while a third source stressed that there were important physical and psychological advantages in the normal confinement taking place at home.

The Cranbrook Committee recommended that sufficient maternity beds should be provided for a national average of 70 per cent. of all confinements to take place in hospital. In Ealing 73 per cent. of the total births in 1958 were in hospital.

If a hospital bed had been provided for every patient who had asked for one, 76 per cent. of those interviewed would have been confined in hospital.

#### SUMMARY

(1) Eight hundred and eighty-nine women who had been confined in 1958 were interviewed, and a questionnaire completed by the health visitors. 607 chose to have a hospital confinement, although 73 had to have a home confinement; 68 had a hospital confinement, but not by choice; leaving 214 confined at home by choice.

(2) All 10 of the primigravidæ, and 38 out of 63 of the multigravidæ who had been obliged to have their confinements at home, decided, on retrospect, that they really preferred to do so. Financial implications may well have been the deciding factor in their first choice.



